TO HOSPITAL

VR A15 (4) 1SM 9/S9

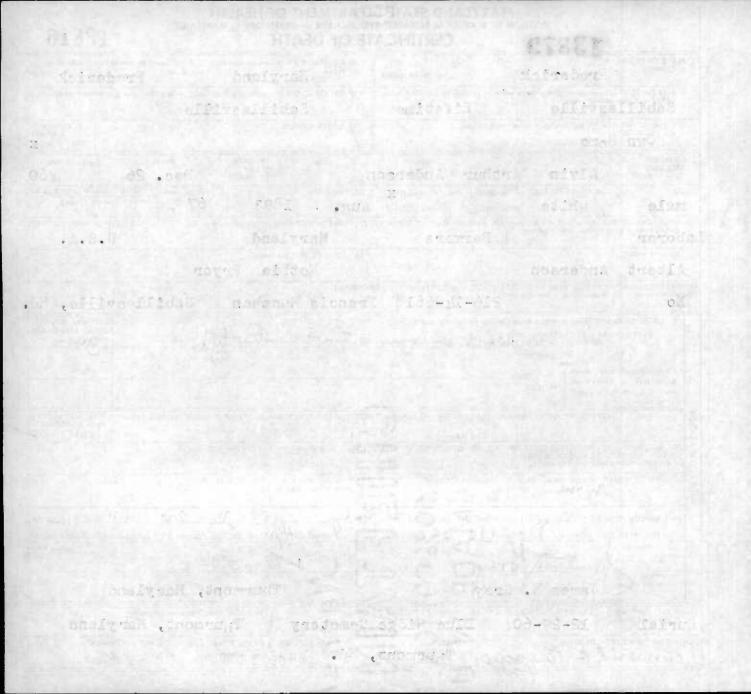
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

4 9 0 W (1)

1. PLACE OF DEATH a. COUNTY	Frederick		MARYL		USUAL RESIDEN	ary.		ed. If institution b. COUNTY		der		
b. CITY OR TOWN	(If autside carporate limit nearest town) as ville	s, write	c. LENGTH OF STAY IN	- 0	c. CITY OR TO		otside carporate		URAL and	give near	est tawn)
d. NAME OF HOSE OR INSTITUTION	PITAL (If not in hospital, g Home	ve street	oddress)		d. STREET ADD	RESS				е.		DENCE FARM? NO
3. NAME OF DECEASED (Type or print)	Alvin	Artl	nur Ander	son	Last		4. DATE OF DEATH	Dec	-1	Doy		9 60
s. sex male	6. COLOR OR RACE white	7. MARR	RIED NEVER MARRIED	-	ATE OF BIRTH	189		AGE (In years last bythday) yrs.	IF UNDER Manths	_	Haurs	R 24 HRS Min.
10a. USUAL OCCUPAT during most of wo	TION (Give kind af wark of arking life, even if retired)	_	KIND OF BUSINESS OR	INDUSTRY		E (State o		iry)	12. CITI	U.S		DUNTRY
13. FATHER'S NAME Albert	Anderson			14	MOTHER'S M	AIDEN N.		or				
IS. WAS DECEASED EN	VER IN U. S. ARMED FOR		social security No. 16-14-6618	17. INFOR	ancis	Man	ahan	Sabi	illas	vil	le,	Md.
Canditions, if gave rise to cause (a), statin lying cause las	immediate DUE TO							21				
PART II. O	THER SIGNIFICANT CON	OITIONS C	hove	TH BUT NOT	RELATED TO TH	HETERMIN	VAL DISEASE C	ONDITION GIV	EN IN PAR		PERFO	AUTOPSY RMED? NO
	WAS UNDERLYING A NG CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED. (E	nter nature of in	njury in P	art I ar Part II	af item 18.)	1113			
20c. TIME OF INJI Hour o. m p. m	URY Manth, Day, Yea	While	_ Nat while _	PLACE factory,	OF INJURY (Has street, affice b	me, farm, ldg., etc.)	20f. (City ar	tawn)	((County)		(State
	hat (I) (this haspital	attend	1. 1.	()	h accurred o		M, from the	e causes an	196			
22a. SIGNATURE	James 1	Yra	M.	M.D.	ATTENDING PHYS.	ME	D. RECTOR [STAFF PHYS. []			226	SIGNE
22c. PHYSICIAN S NAME (Type)	James K.	Gra	a d		22d. ADDRESS		hurmor	nt, Mar	ylar	nd		
230. BURIAL, CREMAT BURYAL (Specif	12-29-6		Blue Rid		ematory emeter			rmont,		yla	nd	b)
24 JUNERAL DIRECTO	000	an	ADDRESS Thurmo	ont,	Ma	So. REC'D	BY REGISTRA		STRAR'S SI			



13817

1. PLACE OF DEATH 0. COUNTY	MARYLAND	o. STATE	ere deceased lived. If institu b. COUNT		fore admission)
PLIPAL and give negrest town)	GTH OF STAY IN 16	1	atside corporate limits, write	RURAL ond give n	earest town)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Frederick Memorial Hos		d. STREET ADDRESS 346 Eas	ck st Third Stre	et	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Annie Va	Middle nFossen	Atkinson	4. DATE MO OF DEATH Decembe		19 60
5. SEX 6. COLOR OR RACE 7. MARRIED 1		pril 11, 188	9. AGE (In year lost birthdoy) 79 yrs	Months Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker Non		Frederick,	Maryland	U.S.	A.
W. Scott VanFossen		Harriet L	. Dutrow		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None	0.5	ormant Paul S. Mi		ndbergh .	Ave. Fred.M
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	UTING TO DEATH BUT N	OF VOLO			19. WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY C	OCCURRED 20e. PLAC	(Enter noture of injury in P CE OF INJURY (Home, farm, ory, street, office bldg., etc.	20f. (City or town)	(Count	y) (Stote)
21. I certify that (I) (this haspital) attended the	e deceased fram	ath accurred at 2. D. ATTENDING ME PHYS. DIF	M, from the causes of	and an the da	that (1) (we) last te stated abave. 22b. PATE SIGNED ick, Md.
REMOVAL (Specify) Rurial 24. FUNERAL DIRECTOR'S SIGNATURE AL	t. Olivet Coddress rederick, Ma	emetery 250. REC'D			

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by page 3 shauld be detached for use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 the State Board of Health priar to burial, cremation, ar remayal, and in any event, within 72 hours after death. TO HOSPITAL VR A15 (4) 15M 9/59

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	Q.	rest in 16 M	le dine	Alam'i
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noted a contract to the contract to the contract of the contra

TO HOSPITAL DIRECTOR: ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours offer death. Page 4 may be retained by the hospital or otherding physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by tuneral director, page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or removal, and in opportunity within 72 hours ofter death.

VR A1S (4) 1SM 9/59

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13818

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

	1. P	LACE OF DEATH		2. USUAL RESIDENCE (Who	ere deceased lived. If institution: Residence	ce before admission)
	0	COUNTY Frederick	MARYLAND	o. STATE	land b. COUNTY Fred	Vericle
)	Ь		NGTH OF STAY IN 16	c. CITY OR TOWN (If or	nide corporate limits, write RURAL and g	ive nearest town)
/		RURAL and give nearest town)	ahrs.	11 Fred	erick	
7	d	I. NAME OF HOSPITAL (If not in hospital, give street address OR INSTITUTION	()	d. STREET ADDRESS	, P ,	e. IS RESIDENCE
	F		(spital	323 Fas.	+ third street	YES NO P
		NAME OF First	Middle	Clast	4. DATE Month	Day Yeor
H		Type or print) Back Buby	lain	BAER	DEATH Decembe	× 24 19 60
	5. S	EX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF UNDER	I YEAR IF UNDER 24 HRS.
		temple white WIDOWED	DIVORCED	12.2460	lost birthdoy) Months	Days Hours Min.
	100.	USUAL OCCUPATION (Give kind of work done 10b. KIND during most of working life, even if retired)	OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	or foreign country) 12. CITI	ZEN OF WHAT COUNTRY?
		soring most of working me, even in remed)		Mary	land	U S.A
	13. 8	FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
		Richard Donald B.	acl	Exma	- Irene Ditt	erman
	15. \ (Yes,	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIA	L SECURITY NO. 17, IN	NFORMANT	Address	
)			Father	- 323 East T	to brin
/		1B. CAUSE OF DEATH [Enter only one couse per line for	o), (b), and (c),]	1.		INTERVAL BETWEEN ONSET AND DEATH
		PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ielral C	molla		2 hours
		162 C DUE TO	A Among	- 1/	1.	
		Conditions, if ony, which) (b)	I molitre	y / cause	unleurun]	
		gove rise to immediate couse (a), stating the under-				
		lying couse lost. (c)				1
И	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	BUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN IN PART	PERFORMED?
						YES NO
	RT	OR CONTRIBUTING CAUSE OF DEATH	10W INJURY OCCURRE	D. (Enter noture of injury in F	Port I or Port II of item IB.)	
		(IF EITHER, NOTIFY MEDICAL EXAMINER)		ACT OF BUILDY III	loor returns	
	MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY Hour o. m. While	OCCURRED 20e. PL	ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.	, i 201. (City or town) (C	County) (State)
	WE		of work		J - 3	,
		21. I certify that (I) (this haspital) attended th	e deceased fram	Dec. 24 191	ED. ta 166-24, 196	_S, that (I) (we) last
			1960, and that a	death accurred at/H_	M, fram the causes and on the	
		220. SIGNATURE	420	ATTENDING ME	D STAFF _	12/21/1960
7		22c. PHYSICIAN'S	The same	M.D. PHYS. DII	RECTOR PHYS.	12/211/1900
E.		NAME (Type)	Im// 35 T	1 10	deviell Mid	
0		Bernard O. Thomas,			1010	
X	20	REMOVAL (Specify)	NAME OF CEMETERY O		23d. LOCATION (City, town, or county)	(Stote)
3			NODRESS		BY REGISTRAR 256, REGISTRAR'S SIG	Maryland
				0		Hage
	_ N	M. R. Etchison & Son, Freder	Tek, Maryia	UAIE DAIE		
	-	2069181112				

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13819

10.000	Reg. Dist. No.
1. PLACE OF DEATH O. COUNTY Frederick MARYLA	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATMaryland b. COUNTY Frederick
b. CITY OR TOWN (If outside corporate limits, write RURAL or LENGTH OF STAY IN New Windsor, Rural Years	N 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) New Windsor, Rural
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitot, give street address) Route 2	d. STREET ADDRESS Route: 2 e. IS RESIDENCE ON A FARM? YES A NO
3. NAME OF DECEASED (Type or print) Charles Theodore	Bair Jeath December 28, 19 60
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED White WIDOWED X DIVORCED	lost biglighty) Months Dave Moure Min
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IN during most of working life. even if retited) miller, grinding feed	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME Annie Riggle
George: E. Bair 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1904, no. of unknown) (If yes, give wor or doles of service) 212-14-6418	17. INFORMANT Address
Conditions, if any, which gave rise to immediate cause (a), stoting the underlying cause lost. DUE TO Suicid DUE TO (b) DUE TO (c)	
7,710	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO SEED. (Enter noture of injury in Port I or Port II of item 18.)
ZOc. TIME OF INJURY Month. Day, Yeor 20d. INJURY OCCURRED 20e While of work of work of work	e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.)
21. I certify that I taak charge of the remains described opinion death resulted fram: Natural causes [], Accide ACTUAL BUSHINGTON ACTUAL SIGNATURE	
EXAMINER'S B. O. Thomas, MD.	ASSISTANT MEDICAL EXAMINER TO Frederick, Md.
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETER	ry or crematory 22d Location (City, town, or county) (Stote) Cemetery Winfield. Md.
22 FUNERAL DIRECTOR'S SIGNATURE ADDRESS New Wir	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

TO DEPUTY MIDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is nexecute the ficase, writing the ward "pending" in pencil in Item. 18. Give Pages 1, 2, and 3 to the funeral, 4 should be warded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the Stareman its designated agent, prior to burial, cremation, or remaval, and is any event within 72 hours after death as its designated agent, prior to burial, cremation, or remaval, and is a within 72 hours after death. VS. ATSME 5M 2/57

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ADDRESS

24b. REGISTRAR'S SIGNATURE

24a, REC'D BY REGISTRAR

23. FUNERAL DIRECTOR'S SIGNATURE

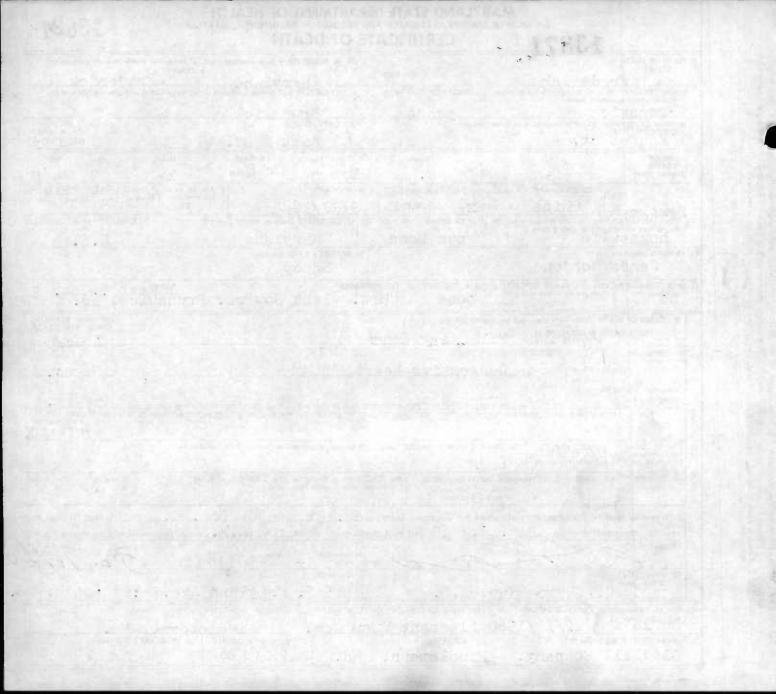
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VR A1S (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

LTIMORE 1, MARYLAND	1	2	Q	9	1
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	13871		CERTIF	ICATI	OF DEATH	Н			10	0.01
1. PLACE OF DEATH o. COUNTY	ederick		MAR	rland 2	. USUAL RESIDENCE (V		b. COUNTY	273	e before or	
b. CITY OR TOWN (If	outside corporate limi	its, write c. LI	ENGTH OF STAY	IN 1b	c. CITY OR TOWN (I	vland Fautside carpo	rate limits, write R			indep-
Brunswi C	9		vears	200	3 - Rmin	swick				
d. NAME OF HOSPITA		give street addre			d STREET ADDRESS	SWICK		105 3	e. IS	RESIDENCE
1 East E	St.				1 East	E St.				S NO
NAME OF DECEASED	Fir	rst	Middle		Lost	4. DATE	Mon	th	Day	Yeor
(Type or print)	Tailla		E.		Brown	OF DEATH	12		9	1960
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRI	ED 🔲 8.	DATE OF BIRTH		9. AGE (In years lost birthdoy)			INDER 24 HRS
female	white	WIDOWED 🔀	DIVORCE	D	9/31/188	5	75 yrs.	Months	Doys Ho	iurs Min.
10g. USUAL OCCUPATION	N (Give kind of working life, even if retired	done 10b. KIND	OF BUSINESS C	OR INDUSTR	Y 11. BIRTHPLACE (Sto	te or fareign co	ountry)	12. CITI	ZEN OF WH	AT COUNTRY
housewi	.Îe	"	own ho	me	Mary:	land		9.00	U.S	
3. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME				
James	Gordon				Nancy	?				
S. WAS DECEASED EVER	IN U. S. ARMED FOR f yes, give wor or dates of s	envice)	AL SECURITY NO	Mrs.	C1	Sowers	, Bruns	East	E	St.
18 CAUSE OF DEAT	"H [Enter only ane co	use per line for	(a) (b) and (c)	1					/	L BETWEEN
PART I. DEAT	H WAS CAUSED BY:	77 7							ONSET	AND DEATH
1 1 1 1 1	IMMEDIATE CAUSE (d		onary	Edema						lay
				TT	4 13 17				-	
Conditions, if on gave rise to im	mediate	-	estive	near	t Failure	3	-		12-2	rs.
lying couse lost.		Livera	rtensi	an -					5	722 C
	ER SIGNIFICANT CON	1			OT RELATED TO THE TER	MINAL DISEAS	E CONDITION GIV	EN IN PAR	PI	AS AUTOPSY
O ACCIDENT WAY		not perceior		CCUPPER		. D 1 1 D	11 -6 '4 10 \		YES	NO D
PART II. OTHI	CAUSE OF DEATH	200. DESCRIBE	HOW INJURY C	CCURRED.	Enter noture of injury i	in Port I or Pari	ill or item ib.;			
20c. TIME OF INJURY Haur a. m. p. m.	Month, Day, Ye		OCCURRED Not while at wark		E OF INJURY (Home, for y, street, office bldg., e		or tawn)	(0	County)	(Stote
21. I certify that	(I) (this hospita	l) attended t	he deceased	fram	ec. 31, 1	12 58.to_	Dec. 9,	19	60 that	(I) (we) los
saw the decease	ed alive onD	ec. 9,	19 60, and	that dec	th occurred at6					
220. SIGNATURE	00/1			-			1 1 1 1 1 1 1			22b. DATE
1	1	-	2-6) M.I	ATTENDING PHYS.	MED.	STAFF PHYS.	7	rec.	1816
22c. PHYSICIAN'S NAME (Type)					22d. ADDRESS	1.762		200		1
C C	.T. Byron	Kao,	M.D.		15 S. 1	laryla	nd Ave.	. Br	unswi	ck, l
23a. BURIAL, CREMATION	N. 23b. DATE THEREC	OF 23c	NAME OF CEM	ETERY OR	REMATORY	23d. LOCA	TION (City, town,	or county)		(Stote)
DUI'I al	12/11/	1960 P	leasan	t Vie	ew Cem.	Mid	dletown	. M	d.	
24. FUNERAL DIRECTOR'S	12/11/ signature Company		leasan ADDRESS	t Vie	25o. RE	Mid C'D BY REGIST DEC 1 3 '6	RAR 2Sb. REGI	STRAR'S SIG	GNATURE	



CERTIFICATE OF DEATH

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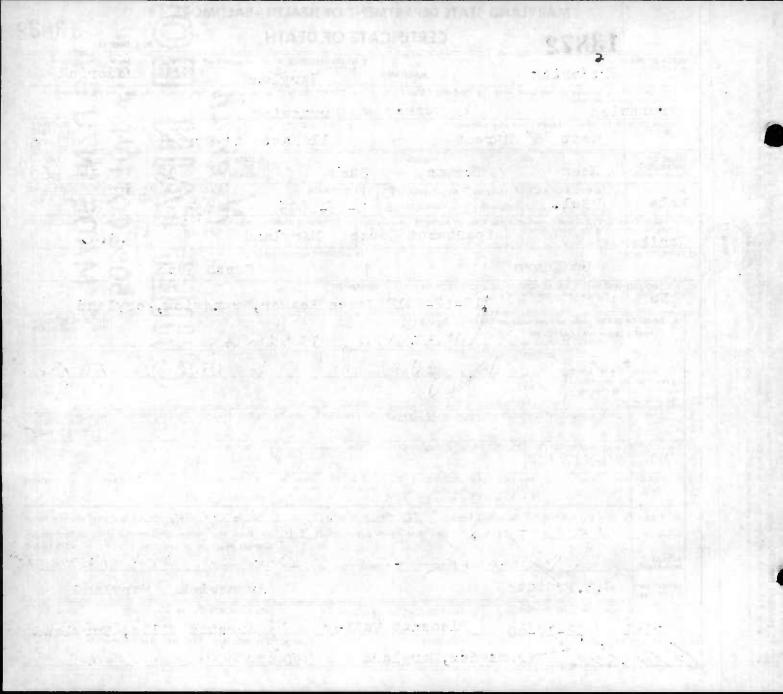
		3872		CERTIFICA		Reg. Dist. No.					
	PLACE OF DEATH o. COUNTY FI	ederick		MARYLAND	2. USUAL RESIDENCE (WO o. STATE Mary]		d lived. If institution b. COUNTY	-	- 00	ore admiss	
	b. CITY OR TOWN (IF RURAL ond give ned Brunswie		, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	100	rote limits, write RI	URAL ond	give ne	arest town	n)
		West "B"		oddress)	d. STREET ADDRESS		Street	,	Ĭ		SIDENCE A FARM?
3.	NAME OF DECEASED (Type or print)	John First		Middle Thomas	Bush	4. DATE OF DEATH	Mon 12		Do		Year 1960
	sex Male	Con	7. MARR	IED NEVER MARRIED	8. DATE OF BIRTH 2-1511895		9. AGE (In years last birthday) 65 yrs.	Months		Hours	Min.
100	Janitor	N (Give kind of work doing life, even if retired)		KIND OF BUSINESS OR INDU partment Ho			ountry)		IZENO		COUNTRY
13.	FATHER'S NAME	Un Known	1		14. MOTHER'S MAIDEN I	***	an Bush				
15. (Ye	WAS DECEASED EVER	IN U. S. ARMED FORC yes, give war or dates of ser	vice)	SOCIAL SECURITY NO. 219-12-0912	INFORMANT James Beame	er.Bru	answiek.		vla	nd	
z	Conditions, if on gove rise to im couse (o), stoting the lying couse lost.	mediate DUE TO	J.	Jagar	-V-) 1-V-	15	der	F-1111 BA	7	17 M	ALITORSY
AL CERTIFICATION	200. ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY A	UNDERLYING A CAUSE OF DEATH	20b. DESC	CRIBE HOW INJURY OCCURRE	ED. (Enter noture of injury in	Port I or Port	t II of item 18.)			PERFO YES	NO
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Year	While of work	Not while fo	ACE OF INJURY (Home, forn actory, street, office bldg., etc.		or town)		(County)		(Stote
	alive an ACTUAL SIGNATURE	E. Pruitt	19		4-, 196, to n occurred of 3-P	ADDRESS (SI	the couses and treet, city or town,	d on the		e stoted DAT	
	o. BURIAL, CREMATION REMOVAL (Specify) Burial	1, 22b. DATE THEREOF		22c. NAME OF CEMETERY C	Valley	22d. LOCAT	TION (City, town, cotts Mi	or county) Ms	(Stat	
23.	FUNERAL DIRECTOR'S	1	יפתוני	ADDRESS Wick, Maryla		D BY REGIST					

2 should be filed with e funeral directar, TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs may be rely d by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in b page 3 should be detached far use as the burial-transit permit. Then please remove cabon papers. Pages 1 and 2 page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the registrar priar to burial, crematian, ar removal, and in any event within 72 hours affected th.

after death. Page 4

VS A15 (4) 15M 9/58



VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 13843

CERTIFICATE OF DEATH

								Keg. Di	ST. NO.	
1. PLACE OF DEATH G. COUNTY Frederic	ale.		MARYLAN		USUAL RESIDENCE (Va. STATE	Vhere deceased	lived. If insti b. COUN	ITY		mission)
b. CITY OR TOWN (III	f autside carporote limi	ts, write	c. LENGTH OF STAY IN 1	Ь	Mary Land c. CITY OR TOWN (IF Clarksburg		ote limits, writ		gome ry	town)
d. NAME OF HOSPIT OR INSTITUTION	AL (If nat in haspital, g	jive street	address)		d. STREET ADDRESS		6) 1182-	, 0		RESIDENCE N A FARM?
	Memorail H	lospi	tal		Ma	ryland				NO 1
3. NAME OF DECEASED (Type or print)	Edward	st	Eugene C	orde	Last	4. DATE OF DEATH		Manth ember	1500	Year 160
s. sex Male	6. COLOR OR RACE White	7. MARR	RIED NEVER MARRIED DIVORCED	_	arch 1, 19		AGE (In year last birthda	y) Manths	Days Ho	NDER 24 HRS. urs Min.
10a. USUAL OCCUPATIO	ting life, even if retired	1	kind of Business or in tate Road Der		11. BIRTHPLACE (Stor	te ar fareign cou	untry)	12.CIT	US A.	AT COUNTRY?
13. FATHER'S NAME				1.	. MOTHER'S MAIDEN	_				
Eugene Con	rdell				Nettie	Beall				
15. WAS DECEASED EVE (Yes, no, or unknown)	R IN U. S. ARMED FOR (If yes, give war or dates of s W.W. II	ervice)	18-10-9738		mant s. Edward	E. Cord		Address Same as	5 2	
Conditions, if or gove rise to it couse (o), storing lying couse lost. PART II. OTH	the <u>under-</u>	Cir	2 Rhasis of Contributing to Death	+40	DECOMP LIVE A	4		GIVEN IN PAI	PE	REORMED?
(IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER	20b. DES	CRIBE HOW INJURY OCCU	IRRED. (E	nter noture of injury i	n Port I or Port	II af item 18.		YES	□ No □
20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Day, Ye	While	NJURY OCCURRED 20e Nat while t of work	PLACE foctory	OF INJURY (Hame, fo , street, office bldg., e	rm, 20f. (City	or town)	,	(County)	(Stote)
21. I certify the alive on	at lattended the 12 14 www. The war of the 12 mes P	. Ker	, and that de	ath ac	urred of James Damascus,		he causes bet, city or to	wn, stote)	e date sta	
220. BURIAL, CREMATIC REMOVAL (Specify) Burial 23. FUNERAL DIRECTOR	12-17-6		22c. NAME OF CEMETER Clark sburg ADDRESS		etery 240. RF	Mont	gomery	vn, or county) r Count EGISTRAR'S SI	y Md.	(State)
Farmin "	H Bades	La	ytonsville, M	id.	DARE	C 1 9 '60	a	rthun S. 7	rivable	

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VR A15 (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH 13844 CERTIFICATE OF DEATH

1.	PLACE OF DEATH	ck.	MARY	LAND -	USUAL RESIDENCE (W	here deceased	b. COUNTY	1 . 1	pefare admis	ision)
	RURAL and give near	autside carporote limits, write	c. LENGTH OF STAY	1	c. CITY OR DWN (IF	autside carpo	rote limits, write R		nearest taw	n)
	d. NAME OF HOSPITAL	(If not in hospital, give street & Memore	et oddress)		d. STREET ADDRESS	, , ,	7,1009	t actual.	ON	SIDENCE A FARM?
3.	NAME OF DECEASED (Type or print)	ARthur	Middle		Crebbs	4. DATE OF DEATH	DECE.	th MBER	Day 2	Year 19 60
S.	male	1.11-	RRIED NEVER MARRI		ATE OF BIRTH 10/9/1897		9. AGE (In years lost birthdoy) 63 yrs.	Months Do		T
	during most of warking	N (Give kind of wark dane 10 g life, even if retired)	wn Busines	ss	11. BIRTHPLACE (Stote	d.	auntry)		OF WHAT	COUNTRY?
	S. FATHER'S NAME	Lee Cret	h		Mother's Malden	1	ley		119	
15	S. WAS DECEASED EVER	IN U. S. ARMED FORCES? 1 yes, give war or dates of service)	6. SOCIAL SECURITY NO	3 Mrs		rebbs	Lewi	.stown	, Md.	
	Canditians, if ony gave rise to im cause (o), stating the lying couse last.	mediate (ancinoma	-of co	lon with a	vi des p	read me	tasteses	They, 3	o-Dec.
NOITALI		R SIGNIFICANT CONDITION						/EN IN PART 1(PERF	ORMED?
CEPTIE		UNDERLYING 20b. D CAUSE OF DEATH REDICAL EXAMINER)	escribe how injury o	CCURRED. (E	inter noture af injury in	Port (ar Par	t II at item 18.)			
MEDICAL	20c. TIME OF INJURY Haur a. m. p. m.	Whi	. INJURY OCCURRED le Nat while ork at wark	20e. PLACE factory	OF INJURY (Home, farr , street, affice bldg., etc	m, 20f. (City c.)	r ar tawn)	(Cou	nty)	(State)
	saw the decease	(I) (this haspital) atte			now 30 19 h accurred at/03	14-			ate state	d abave
	22a. SIGNATURE	a. Jea	rre	M.D.	PHYS. D	AED.	STAFF PHYS.		12/2/	26. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type)	.A. Pearre			22d. ADDRESS	Chur	ch St.	Frede	nick	md.
2:	Burial, CREMATION	12-6-60	23c. NAME OF CEM				TION (City, town,		land	ate)
6	ONERAL DIRECTOR'S	SIGNATURE	ADDRESS 7 Thur	mont.		DEC 6		STRAR'S SIGN	Carrier Contract Cont	

Lewistown Jametery Lewistown, Wastland

THE WAR STORY OF THE STORY OF THE STORY

VR A1S (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

19015

1	1. PLACE OF DEATH o. COUNTY F1	rederick	MARYLAND	2. USUAL RESIDENCE (WI o. STATE Mary		d. If institution b. COUNTY	n: Residence bef	
IJ	b. CITY OR TOWN (I RURAL ond give no	If outside corporate limits, write earest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF				earest town)
		derick	Minutes		ck-Rural.	R.F.D.	#5	
7	OR INSTITUTION	TAL (If not in hospital, give street		d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
		emorial Hospit	al, D.O.A.	Ronud Hill	L Road			YES NO
	3. NAME OF DECEASED	ROBERT	Middle BOUCHER	CROTHERS	4. DATE OF DEATH	Mont		Year
	(Type or print) S. SEX			01101111111				23, 19 60 R IF UNDER 24 HRS.
	Male	mm 4.4	RRIED . NEVER MARRIED .	B. DATE OF BIRTH December 21,	_ lo	GE (In years ost birthdoy) 7 yrs.	Months Days	Hours Min.
	10a. USUAL OCCUPATION during most of work Ret.i red	king life, even if retired)	ime Company	JSTRY 11. BIRTHPLACE (Stote Marylar		γ)		OF WHAT COUNTRY?
1	13. FATHER'S NAME	110020010	- Zino oompanij	14. MOTHER'S MAIDEN I				
		William J. Cro	others		rriett Bo	oucher		
1		R IN U. S. ARMED FORCES? 1.	6. SOCIAL SECURITY NO. 17.	INFORMANT	H-hatta	Addr	ess	
1	Yes	WW1	217-10-9400 M	rs. Adelle S.	Crothers	s, Same	as Ite	m #2
		ATH [Enter anly one couse per ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	line for (o), (b), and (c).] COROWARY	THROMBOSIS			10	TERVAL BETWEEN NSET AND DEATH
	Canditians, if a gave rise to i couse (o), stoting lying couse lost.	mmediate the under- CC (c)	IPERTENSIVE	ARTERIOSCLE				10 years
	PART II. OTH		S CONTRIBUTING TO DEATH BU				EN IN PART 1(a)	PERFORMED? YES NO
		AS UNDERLYING 20b. DI G CAUSE OF DEATH MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in	Port I or Part II o	f item 18.)		
	Y 20c. TIME OF INJUR Haur o. m. p. m.	Whi		LACE OF INJURY (Home, farm actory, street, office bldg., etc		awn)	(County	r) (Stote)
	21. I certify the		anded the deceased fram	death accurred at 5 %				that (1) (we) last
	220. SIGNATUE	and C. Reyn		ATTENDING M	SED S	TAFF HYS.	d on the do	22b. DATE SIGNED 12/24/60
	22c. PHYSICIAN'S NAME (Type)	Richard C. Rey		East Churc	ch Street	b, Fred	derick,	Maryland
	23a. BURIAL, CREMATIC	23b. DATE THEREOF 12/27/1960	Mount Olive		23d. LOCATION Frede:			ryland
	M. R. Etch	's signature nison & Son, Fr	rederick, Maryl		D BY REGISTRAR	200.	strar's SIGNAT	

TERES. O. L. . - will elobe and a decimal to the control of the second of the second second field and the second s The state of the s MARK THE REPORT OF THE PARTY OF Complete Company . The state of the

VR A15 (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY Fre	derick	MARYLANI	g. STATE	ENCE (Where deceas Maryland	ed lived. If institution b. COUNTY		e befare admission) erick	
b. CITY OR TOWN (If RURAL and give new Frederick	autside carporate limits, write arest town)	c. LENGTH OF STAY IN 11		own (If outside corp rederick	orate limits, write F	RURAL and gi	ive nearest town)	
OR INSTITUTION	AL (If not in hospitol, give streemorial Hospit		d. STREET AD	O East Pat	trick Str	eet	e. IS RESIDENC ON A FARM YES NO	12
3. NAME OF DECEASED (Type or print)	First IRVIN	FRANKLIN HILL	CROU	SE 4. DATE OF DEATH	5	ember	26, 19 6	60
s. sex		RRIED NEVER MARRIED WED DIVORCED			9. AGE (In years Jost birthdoy) 55 yrs.		YEAR IF UNDER 24 H Doys Haurs Mi	-
during most of wark	N (Give kind of wark done 10 ing life, even if retired) iff & Turnkey	County Jail		yland	country)	12. CITIZ	USA	RY
15. WAS DECEASED EVER	Wis Edward Cr	6. SOCIAL SECURITY NO. 17	Mrs. Elsie			ress item	#2	
Conditions, if ar gove rise to in cause (o), stating t lying cause last.	n mediate he under- DUE TO (c)	dente Contributing to DEATH	onary of related to	Leat P	iseas d	VEN IN PART	PERFORMED	PSY PSY
PART II. OTH 200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJURY Hour o. m. p. m.	CAUSE OF DEATH MEDICAL EXAMINER) Month, Doy, Year 20d Wh		PLACE OF INJURY (H foctory, street, affice	lame, farm, 20f. (Ci		(C	YES NO	tate
		nded the deceased from	M.D. ATTENDING PHYS. 22d. ADDRES	MED. DIRECTOR [staff PHYS.	nd an the	date stated aba 22b.DAT 12/27/66	E NE
23a. BURIAL, CREMATION REMOVAL (Specify) BUTIAL 24. FUNERAL DIRECTOR'S	N, 23b. DATE THEREOF 12/29/1960	23c. NAME OF CEMETER	Y OR CREMATORY ret Cemeter	23d. LOC	ATION (City, tawn, ederick, STRAR 256, REG	ar caunty)	(State) Maryland	
		ederick, Maryl		DATE A B	a	thung S.	though	

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	C. L.			

- TO HOSBITAL PATENDING PHYSICIAN. The law requires that the death certificate he executed within 24 hours after death Pone 4	may be reby by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon popers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, ar removal, and in any event within 72 hours after death.
	2W A/2A

	PLACE OF DEATH				(Where deceased lived. If institution	Residence before admission)
	. COUNTY	Frederick	MARYLAND	o. STATE	Maryland b. COUNTY	Frederick
1	o. CITY OR TOWN (IF RURAL ond give nec Frede		c. LENGTH OF STAY IN 1b		(If outside corporate limits, write RUF rederick	RAL and give nearest lawn)
	d. NAME OF HOSPITA	econd Street		d. STREET ADDRES		IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print)	First ORZULA	Middle CATHERINE	Lost CRUM	4. DATE Month OF DEATH Decei	nber 4. 19 60
	Female		ARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH January 5,		FUNDER 1 YEAR IF UNDER 24 HRS. Manths Days Haurs Min.
_	. USUAL OCCUPATION	N (Give kind of work done 1 ng life, even if retired)	0b. KIND OF BUSINESS OR INDU			12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME			14. MOTHER'S MAID	EN NAME	
	Mahlo	n B. Green		Mary A	Ann Hoffman	
		IN U. S. ARMED FORCES? f yes, give war ar dates of service)		Mahlon L.	Crum- Same as It	44
CERTIFICATION	Conditions, if on gove rise to im cause (o), stating the lying couse lost. PART II. OTHI	the under-	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	NOT RELATED TO THE T	ERMINAL DISEASE CONDITION GIVE	N IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NOW
-4	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJURY	CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURRED d. INJURY OCCURRED 20e. PL		y in Port I or Port II of item 18.)	(County) (State)
MEDICA	Hour a.m. p. m.	wi wi		ctory, street, office bldg.	, etc.)	
	saw the decease	(1) (this haspital) atte	ended the deceased fram.		A.M., from the causes and	on the date stated above.
	22c. PHYSICIAN'S	+ RM	ontin	M.D. ATTENDING PHYS. 22d. ADDRESS	MED. STAFF PHYS.	12/6/1960 12/6/1960
		Rex R. Martin			arket Street, Fre	
23c	BURIAL, CREMATION REMOVAL (Specify)	Bec - 7, 1960	Mount Olive		23d. LOCATION (City, lown, or Frederick,	(State) (State) Maryland
	FUNERAL DIRECTOR'S		ADDRESS			RAR'S SIGNATURE
M	. R. Etchi	son & Son. Fr	rederick. Marvla	nd DATE	DEC 8 '60 Oath	us & Kenus

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CEPTIFICATE OF DEATH

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12. CITIZ		OF WHAT	COUNTRY?
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1.	PLACE OF DEATH	ederick	MARYLAI	11 4	STATE Maryl		d lived. If institution b. COUNTY			sion)
	b. CITY OR TOWN (III RURAL and give ne Frederick	f autside carporate limits, v arest tawn)	c. LENGTH OF STAY IN 14 Hours	16 X	c. CITY OR TOWN (If o		rate limits, write R	URAL and give	nearest tow	n)
	d. NAME OF HOSPIT. OR INSTITUTION Frederick	AL (If not in hospital, give Memorial Hos	street oddress) spital	1	d. STREET ADDRESS				ON	SIDENCE A FARM?
3.	NAME OF DECEASED (Type or print)	First CARRII	Middle REBECCA	DE	Lost EGRANGE	4. DATE OF DEATH	Mon De	m cember	Doy	Year 1900
	sex Pemale		MARRIED NEVER MARRIED IDOWED DIVORCED		TE OF BIRTH Feb 1891		9. AGE (In years last birthday) yrs.	Months Day		-
10	House-work	N (Give kind af wark dank ing life, even if retired) C	At Home	NDUSTRY	11. BIRTHPLACE (Stole Marylane		ountry)	12. CITIZEN USA		T COUNTI
13.	Clifford S	S. Smith		14	America Ja	194 M 200 A	ng			
15 (Y		R IN U. S. ARMED FORCES If yes, give wor or dates of service	10	17. INFOR	MANT l S. DeGran	ge (S	Addr Same as i			
ATION	Conditions, if or gave rise to it cause (a), stating lying cause last.	TH WAS CAUSED 8Y; IMMEDIATE CAUSE (o) DUE TO (b) DUE TO Under- (c)	per line for (a), (b), and (c).] Ocute Co Arteriose IONS CONTRIBUTING TO DEATH	level	related to the TERMI	NAL DISEAS	Disea Disea ECONDITION GIV	22	PERF	n 7
MEDICAL CERTIFICATION	(IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER) Y Manth, Day, Year	b. DESCRIBE HOW INJURY OCCI 20d. INJURY OCCURRED 20 While Not while Not work 1	e. PLACE (oter nature of injury in f DF INJURY (Hame, form street, affice bldg., etc.	, 20f. (City		(Caun	17)	(State
2	21. I certify the alive an	at lattended the de	eceased fram. 11/3		urred at 2:30A	ch St	n the causes a treet, city or town,	state)	date stat	ed aba
22	e. BURIAL, CREMATIO REMOVAL (Specify)	N, 22b. DATE THEREOF 12-3-50	22c. NAME OF CEMETE Lutheran			100000000000000000000000000000000000000	TION (City, town, o		(Sta	ite)
23	M. R. Etc	s signature chison & Son,	, Frederick, Ma	rylar	240. REC'I	BY REGIST	00	STRAR'S SIGNA		

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be ref. d by the hospital or attending physician.

TO FUNERAL ARCTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be fifted with the registrar prior to burial, cremation, or remayal, and in any event within 72 hours offer death. may be ref VS A15 (4) 15M 9/55

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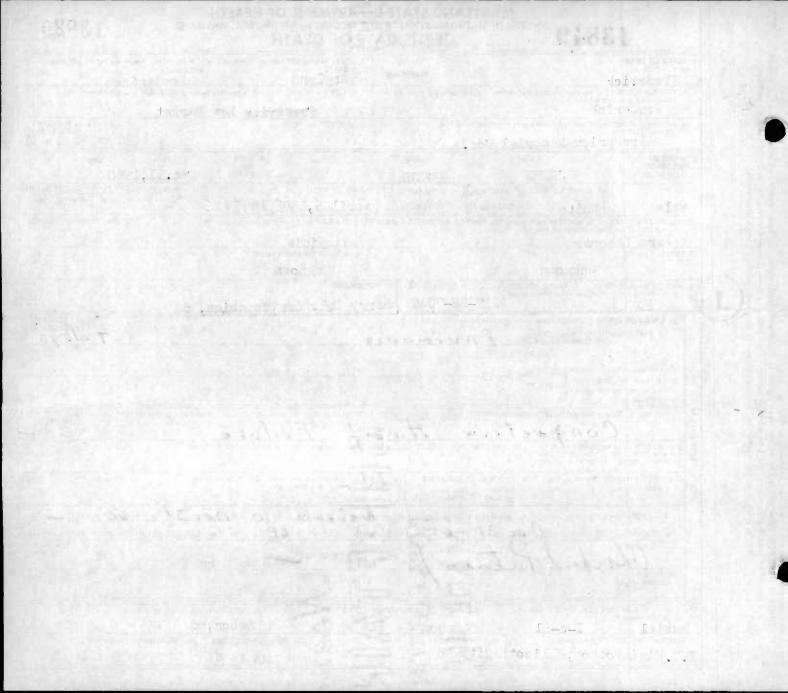
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MARYLAND STATE DEPARTMENT OF HEALTH
ON OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
I LEM 8 CERTIFICATE OF DEATH DIVISION 13849

13829

o. CO	PLACE OF DEATH o. COUNTY Frederick MARYL						o. STATE Marvla		ere decease	b. COL	nstitution: Residence befare odmissian) PUNTY Prederick				
b. CIT			its, write	c. LENG	OTH OF STAY IN	N 16				ew Mar	rite RU			irest tawn)
d. NA OR	INSTITUTION	L (If not in hospital, orick Memor			i.		. STREET A	DDRESS	ANA -						FARM?
3. NAME DECEA	OF ASED or print)	JESSE	rst		Middle DON OVA	NT	Las	t	4. DATE OF DEATH	De	Mantl	1,19	Do	,	reor
S. SEX		6. COLOR OR RACE	7. MA	RRIED (X) N	VEVER MARRIED	-	ATE OF BIRTH	'	1	9. AGE (In y					R 24 HRS.
Mal	e	White		WED	DIVORCED		oril 5	1493	1897	63 birtho	yrs.	Manths	Days	Hours	Min.
10o. USU durir	AL OCCUPATION	N (Give kind of wark ng life, even if retired	done 10	b. KIND OF	BUSINESS OR	INDUSTRY	11. BIRTHPL	ACE (Stote	or foreign c	country)		12.CI	TIZEN OF	WHATC	OUNTRY?
177	arm Labo						Virgi		E 16						
13. FATHI	ER'S NAME					1	4. MOTHER'S	MAIDEN	IAME						
		Unknown					Unk	cnown							
		IN U. S. ARMED FOR		6. SOCIAL S	SECURITY NO.	17. INFO	RMANT				Addre	955			
1	No			217-28	3-7048	Harr	y Dela	wder.	Woodb:	ine.Md					
WEDICAL CERTIFICATION AMEDICAL CERTIFICATION The state of	PART I. DEAT Inditions, if an verise to im se (a), stoting tig cause lost. PART II. OTHI ACCIDENT WAS CONTRIBUTING ITHER, NOTIFY ITME OF INJURY Haur a.m. p. m.	mediate (p) p	S CONTRIBU	DUTING TO DEAT DW INJURY OCC CCURRED 2 t while wark 2	H BUT NO	OF INJURY (or, street, affice) th accurred	Hame, farme bldg., etc	Part I or Por	y or town)	B.)	, 194	RT 1(a) 1 (County)	PERFO YES O	AUTOPSY RMED? NO [2] (State)
REM	IAL, CREMATION	N, 23b. DATE THEREO	OF		AME OF CEMET	ERY OR C	REMATORY			TION (City, to	awn, a	r caunty)		(State	e)
24. FUNE	RAL DIRECTOR'S			AD	DRESS		C C.P.	25a. REC'	D BY REGIS		REGIS	TRAR'S S	IGNATU	RE	
F.C.	Higinbo	thom, Ellic	ott	City,	Md	500		DATE	JAN 4	'61	C	. Thun	8. K	ALLA	

TO HOSPITAL VR A1S (4) 1SM 9/59



		-	
YSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4	r attending physician. certificate has been signed by the attending physician and campletely filled in by	. Then please remaye carbon pagers. Pages I and 2 should be filed with event within 72 haurs after ded/h.	
The law requires that the death cert	r attending physician. certificate has been signed by the attending p	e as the burial-transit permit. Then please remaye carbon page itian, ar remayal, and in any event within 72 haurs after death.	0
rSICIAN:	r attendin certificate	e as the bi	

_		70000										
	PLACE OF DEATH o. COUNTY	Frederic	2	MARYI	LAND	o. STATE _	Mary]		d lived. If institut b. COUNTY	/	ce before	
60		(If outside corporate limit	s, write	c. LENGTH OF STAY	N 16	c. CITY OR T	OWN (If a	utside carpo	rate limits, write l	RURAL and	give neare	est town)
100	RURAL ond give r			10 Mon	ths	Fr	reder	cick		17		
100	d. NAME OF HOSP	ITAL (If not in haspital, gi	ve street	1		d. STREET AL					e.	IS RESIDENCE
	or institution 302 Mid	dle Street	t	24. 22.44		302 M	iddle	Str	eet			YES NO
	NAME OF DECEASED (Type or print)	enrietta l		ie Debra	Dor	'sey		4. DATE OF DEATH	Mo De d	-	Day 9	Year 19 60
5.	SEX	6. COLOR OR RACE	7. MARR	HED NEVER MARRIE	рП	8. DATE OF BIRTH	1		9. AGE (In years		-	F UNDER 24 HRS
Fe	emale	C	WIDOWE	ED DIVORCED		Feb. 12	2-189	91	lost birthday) 69 yrs	Months	Days	Hours Min.
_	. USUAL OCCUPAT	ION (Give kind af wark d	lone 10b.	KIND OF BUSINESS OF	RINDUS				ountry)	12. CITI	ZEN OF V	WHAT COUNTRY
	Domest	rking life, even if retired)		3 5-36-36-36-36-36-36-36-36-36-36-36-36-36-		Fred	deric	ale Co	. Md.		U.S.	Λ
13.	FATHER'S NAME					14. MOTHER'S			• ma		0.0.	II.
		m H. Rice	Sn.			Martha	Par	nn				
15.		ER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	11	NFORMANT	. 101	111	Add	dress	30.0	
		(If yes, give war or dates of se	rvice)	20-30-903		Toute	. Hos	m=====================================	00 1114 44	37 0	+ T	in a d
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FICATION	PART II. OT	THER SIGNIFICANT CONI	OITIONS C						0.153	VEN IN PAR		WAS AUTOPSY PERFORMED? YES NO
CERTI	OR CONTRIBUTION	'AS UNDERLYING ☐ G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OF	COKKEL). (Enter nature of	r injury in r	ram i ar ram	T (I of Item 16.)			
MEDICA	20c. TIME OF INJU Haur o. m. p. m.	10	While at wor			ACE OF INJURY () tory, street, office			y or town)	(0	County)	(State
	ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) BURIAL, CREMATI REMOVAL (Specify	/)	196 7a in	22c. NAME OF CEME	death	accurred at_ M.D		M, fram ADDRESS (S	the causes a treet, city or town Trodant TION (City, tawn, rtytown	or county)	e date :	
	Burial FUNERAL DIRECTO	12-22-6	00	John We	sle	7	04 05511			ISTRAR'S SI		
23.		Hicks 111	F	rederick	, Mo	d.	DATE	JAN 4	761 246. REG	Chilling	J. 76	aut

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Reg. Dist. No. HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY files. Heolth, MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town c. LENGTH OF STAY IN 16 40 e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM? YES NO NO e Stote 3. NAME OF Middle 4. DATE Lost Month DECEASED (Type or print) DEATH 9. AGE |In years 6. COLOR OR RACE 7. MARRIED DE IFUNDER TYEAR IF UNDER 24 HRS. NEVER MARRIED | B. DATE OF BIRTH Months Hours WIDOWED [DIVORCED | 100. USUAL OCCUPATION (Give kind of work done on 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if refired) 12. CITIZEN OF WHAT COUNTRY? Gu 13. FATHER'S NAME 17. INTORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Ill yes, give war or dates of service! INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate cause DUE TO (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES [NO D 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f. (City or town) (County) (Stole) factory, street, office bldg., etc.) Hour a. m. Not while of work of work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X, and in my CTOR: opinion deoth resulted from: Natural causes , Accident , Homicide , Undetermined manner Suicide . DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE should be ASSISTANT MEDICAL EXAMINER desi NAME (Type) 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) /(State) REMOVAL (Specify) 0 ADDRES! UNERAL DIRECTOR'S SIGNATUR 240 REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME DATE EC 14 5M 2/57

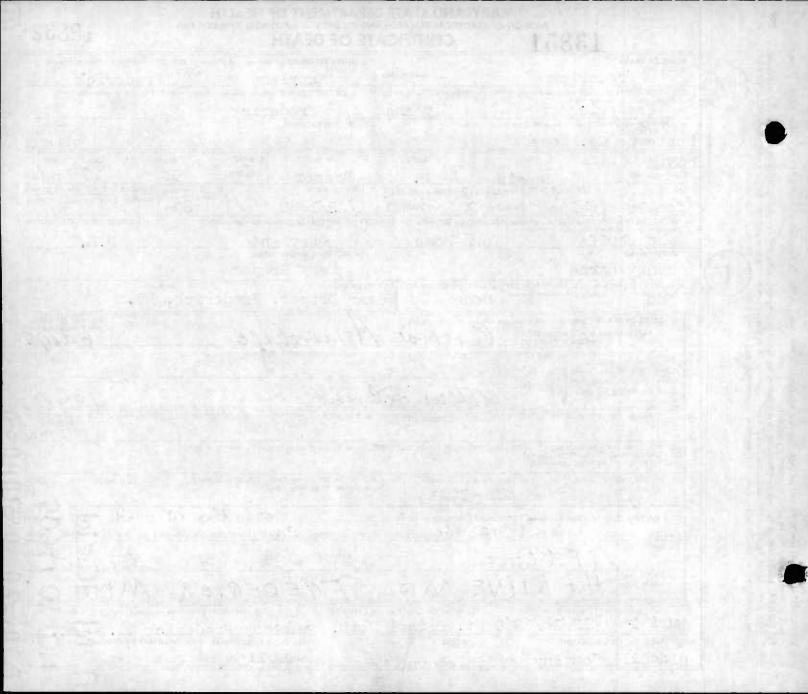
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMODE 1

INTIBITIONE RESEARCH AT	AD KECOKI	DO - DAL
CERTIFICA	TE OF	DEATH

1. PLACE OF DEATH a. COUNTY Fre	derick		MARYLAND	2. USUAL RESIDENCE a. STATE Mary	E (Where decease	b. COUNTY	on: Residence Freder		ssion)
b. CITY OR TOWN (I RURAL and give no Frede		ts, write	c. LENGTH OF STAY IN 16 5 Vears	1	oderick	orate limits, write R	URAL ond give	e nearest tav	vn)
	'AL (If not in hospitol, g	ive street		d. STREET ADDRE				ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type ar print)	fir Bes:		Middle	Lost Draper	4. DATE OF DEATH	Man	th	Doy 15	Year 19 60
s. sex female	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED	B. DATE OF BIRTH	10	9. AGE (In years last birthday)	Manths Do	EAR IF UNI	DER 24 HRS.
10a. USUAL OCCUPATIO	ON (Give kind of work of king life, even if retired	one 10b.	kind of Business or Indu	-,,	Stote or foreign o		12.CITIZE	NOF WHAT	COUNTRY?
Henry H	arne				Draper				
15. WAS DECEASED EVE	R IN U. S. ARMED FOR (If yes, give war ar dates of s	ervicel		gar Drape	er, Fre	derick,			
Conditions, if a gave rise ta i cause (0), stoting lying cause last.	the under-	, 6	ateris del	Crosia NOT RELATED TO THE	TERMINAL DISEAS	SE CONDITION GIV		ONSET AN	1175 AUTOPSY
200. ACCIDENT WA	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)		CRIBE HOW INJURY OCCURRE		TA RES			PERF	ORMED?
Y 20c. TIME OF INJUR Haur o. m. p. m.	Y Manth, Doy, Yes	20d. I While at war	Nat while fo	ACE OF INJURY (Home ctary, street, affice bldg		y ar tawn)	(Cau	unty)	(State)
			ded the deceosed from 1960, and that of			staff		dote state	
23a. BURIAL, CREMATIC	12/18/1	960		Meth. Cem	etery	TION (City, town, Frederic	ck Co.	M	ate)
Gladhill	ompany.	Mi	ADDRESS		REC'D BY REGIS		STRAR'S SIGN		



VS A1S (4) 1SM 9/SB

MARYLAND	STATE	DEPARTMENT	OF	HEALTH-	BALTIMORE,	18
			_			

3883	CERTIFICATE	OF	DEATH

Reg. Dist. No. 13833

o. county Frederick	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Marylan	ere deceased lived. If institution b. COUNTY	n: Residence before admission) Frederick
b. CITY OR TOWN (If outside corporate limits, w RURAL ond give nearest town)	rite c. LENGTH OF STAY IN 16		utside corporate limits, write RU	RAL and give nearest town)
rural Ijamsville	2 days	Frederi	.ck	
d. NAME OF HOSPITAL (If not in haspital, give s OR INSTITUTION	treet address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Riggs Hospi	tal	1707 Rosen	nont Avenue	YES NO
3. NAME OF DECEASED First	STOKES Middle	IGELBRECHT	4. DATE Month OF DEATH	h Day Yeor
		B. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS
Female white with	DOWERY DIVORCED	Feb 18 1894	61 yrs.	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTRY
Retired-Clerk	Cleaning Firm	Frederick	Md.	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
Frank M. Stokes		Florence V.	Topper	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. I	NFORMANT	Addre	ess
(If yes, give war or dates of service) $N lacksquare$		Beverly M.	Angelbrecht (S	ame as item #2)
		t bovoral int	1218022100110 /2	
18. CAUSE OF DEATH (Enter only one cause p				ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Bronchopneum	onia		3 days
DUE TO				
Conditions, if any, which) (b)				
gove rise to immediate				
lying couse lost.				
(0)	ONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVE	N IN PART I(A) 19 WAS AUTOPSY
E TAKE III OTHER STORM CONTINUE			THE DISEASE CONDITION ONE	PERFORMED?
Arteriosclero	tic Heart Disc			YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in F	'art I or Part II of item 18.)	
		ACE OF INJURY (Home, farm,		(County) (State
Hour o. m. 19 v	/hile Not while	ctory, street, office bldg., etc.)	
		60	1 2/ 0	
21. I certify that I attended the dec	/ -	4 1 4-		that I lost saw the deceased
olive on Dec 1	19 <u>60</u> , and that death			d on the date stoted obove
ACTUAL SIGNATURE	Zerner	M.D. Sai	ADDRESS (Street, city or fown, s	stote) DATE SIGNED
PHYSICIAN'S NAME (Type) Joseph Lern	er.			
220. BURIAL, CREMATION, 22b. DATE THEREOF 12–5–60	22c. NAME OF CEMETERY O Mount Olivet		22d. LOCATION (City, town, or Frederick, Ma	
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'I		TRAR'S SIGNATURE
M. R. Etchison & Son, 1		md		
	, , , , , , , , , , , , , , , , , , , ,	DATE	DEC 5 '60 C	Lithur & Krous

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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	derick		MARYLA	ND	o. STATE Maryl	and	b. COUNTY	Frede	rick	
Frederick		Si	nce 10-15		c. CITY OR TOWN (IF		orote limits, write F	URAL ond gi	ve nearest to	wn)
d. NAME OF HOSPI OR INSTITUTION 610 Schie	TAL (If not in hospital, giveny Avenue	street addres	55)		street Address 610 S	chley	Avenue		10	RESIDENCE NA FARM? NO.
3. NAME OF DECEASED (Type or print)	FLORE	NCE	MALINDA		Last FLOOK	4. DATE OF DEATH	Mor De	cember	Doy 12,	Year 1960
s. sex Female	6. COLOR OR RACE 7.	MARRIED T			ATE OF BIRTH July 1881		9. AGE (In years last birthdoy) yrs.		YEAR IF UN Doys Hou	
10a. USUAL OCCUPATI during most of wor House-W	ON (Give kind of work dorrking life, even if retired)		of Business Or I	NDUSTRY	11. BIRTHPLACE (Stote Maryla		country)	12. CITIZ		T COUNTRY
13. FATHER'S NAME				14	. MOTHER'S MAIDEN					
	H. Tritapoe ER IN U. S. ARMED FORCE	sa lik socia	AL SECURITY NO.	17. INFOR	Vandelia	Castle		Iress		
(Yes, no, or unknown)	(If yes, give war or dates of servi		38-7607		ard O. Floo	k, Sr.			m #1)	
CATIC	immediate DUE TO the under- (c) THER SIGNIFICANT CONDIT	TIONS CONTR	RIBUTING TO DEATH	1 BUT NO	RELATED TO THE TERM	MINAL DISEA	se condition gi		PE	AS AUTOPS RFORMED?
-	G CAUSE OF DEATH Y MEDICAL EXAMINER) RY Month, Doy, Year	20d. INJURY		De. PLACE	OF INJURY (Home, far, street, office bldg., e	rm, 20f. (Cit		(Ce	ounty)	(Stot
p. m.	19	of work					1		0.5557	
	at (I) (this haspital) assed alive on	Paynot	19, and the	mat deat	h accurred 11	MED.	STAFF PHYS.	nd an the	date stat) (we) last led above 22b. DATE 1960
230 BURIAL, CREMATI	ON, 23b. DATE THEREOF 12-15-60		NAME OF CEMETE		EMATORY		ITION (City, town,			Stote)
24. FUNERAL DIRECTO	r's signature chison & Son,	Frede	ADDRESS rick, Mar	ylan	4	C'D BY REGIS		ISTRAR'S SIG	NATURE	

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13884 CERTIFICATE OF DEATH Reg. Dist. No. director 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY __ filed b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write funeral c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autide corporate limits, write RURAL and give nearest town) pe RURAL and give nearest town) pino d. NAME OF HOSPITAL (If not in hospital, give/street address) e. IS RESIDENCE d. STREET ADDRESS OR INSTITUTION YES PO NO NAME OF First 4. DATE Middle Month Day Year DEATH (Type or print) GL 1960 IF UNDER 1 YEAR IF UNDER 24 HRS. 5 SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED lost birthdoy) Months Days WIDOWED A DIVORCED T papers. 100. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11) BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even, if retired) 5 puo carbon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ofter physician 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give war or dates of service) offending INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate DUE TO couse (a), stating the underlying couse lost. burial-transit (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES T NO P 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) SD 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (State) (County) factory, street, office bldg., etc.) Hour a. m While Not while of work M at work , 21. I certify that I oftended the deceased from C. That I last saw the deceased olive on 11 ond that death occurred of M, fram the causes and on the date stated above. ECTOR: DATE SIGNED ADDRESS (Street, dity or town, stote) P ACTUAL PHYSICIAN'S' 3 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

Chilling & Minus

DATE DEC 2 3 '60

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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VS A15 (4) 15M 9/55

	20 17 17 17							Keg. Dist.	No.	
PLACE OF DEATH	^				2. USUAL RESIDENCE (WH	nere deceased lived		n: Residence b	efore admis	sion)
and the same of th	DERICK		MARYL	AND	MARVIA	4117	b. COUNTY	FRIDE	1211.15	
b. CITY OR TOWN	If outside corporate limit	s, write	c. LENGTH OF STAY II	N 1b	c. CITY OR TOWN (If o	outside corporate li	mits, write RU	RAL and give	nearest town	n)
RURAL ond give n	earest town) · ·	300			XPack B	PIDOE				
d. NAME OF HOSPI	TAL (If nat in hospital, gi	ve street a	ddress)		di STREET ADDRESS	11292			e. IS RES	SIDENCE
FREDER	OCK MENIC	Rial	Hospital						ON A	NO
NAME OF	Firs	1	Middle		Last	4. DATE	Month		Day	Year
DECEASED (Type or print)	STEYL	=N	CRA	101	FRUSHOUR	DEATH DA	FCEMb.		7	1960
SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED	8.	DATE OF BIRTH	9. Ac		FUNDER 1 YE	-	7
VI A/1=	WhILE	WIDOWE	D DIVORCED	0 1	December. 1,	1960	yrs.	Months Do	rs Hours	Min.
. USUAL OCCUPATION	ON (Give kind of work d	one 10b. I	CIND OF BUSINESS OR	INDUST	RY 11. BIRTHPLACE (Stote	or fareign country)	12. CITIZE		COUNTRY
dorning most of wor	king life, even if retired)				MARV	LAND.			U.S.A	1.
FATHER'S NAME					14. MOTHER'S MAIDEN	NAME				
Chaplas	. Paher	T F	Foreban	0	many Ch	Raldin	- Dr	1-1-0	-11	
WAS DECEASED EVE	R IN U. S. ARMED FOR	ES? 16. S	OCIAL SECURITY NO.	17. IN	FORMANT	TAUTETA	Addre	PED)	= N	
s, no, ar unknown)	(If yes, give wor or dates of se				narles R. F	rushou		cky R	idge,	.Md.
18. CAUSE OF DEA	ATH [Enter only one cau	se per ling	e for (o), (b), and (c).]					1	NTERVAL BE	TWEEN
PART I. DE	TH WAS CAUSED BY:	Ko.	shua hou	her	Perso			C	NSET AND	DEATH
7 =	IMMEDIATE CAUSE (6) DUE TO		murry !	144	and_					
Condition		0	-11	0 1				200		
Conditions, if a	mmediate	666	ren cepres	4						
coese (o), stoting	the under-			1						
lying cause last.) (c)								,	
PART II. OT	HER SIGNIFICANT COND	DITIONS CO	ONTRIBUTING TO DEAT	TH BUT N	OT RELATED TO THE TERMI	NAL DISEASE CON	NDITION GIVE	N IN PART 1(c	19. WAS PERFC	AUTOPSY DRMED?
									YES 🗍	NO
20a. ACCIDENT W. OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER	20b. DESC	RIBE HOW INJURY OC	CURRED.	(Enter nature of injury in I	Part I or Part II of	item 18.)			
20c. TIME OF INJUI		- 1001 151	THEY OCCUPAND I	20- PLAC	E OF INITIAL (No	Teor ich				
Hour o. m.		While	JURY OCCURRED Not while	facto	E OF INJURY (Home, farm bry, street, office bldg., etc.	.) .)	wn)	(Coun	ity)	(Stote)
p. m.	19	ot work	ot work			İ				
21. I certify the	nat I attended the	decease	d fram Decem	abel	2.1, 19.60, to 10	ecember.	3, 19.60	that I last	saw the	decease
alive an DE					accurred at 6 A					
	700	1				ADDRESS (Street,				ATE SIGNE
ACTUAL SIGNATURE	1171	Loca	ene	м	.D. ,					
PHYSICIAN'S	D. F. 1	Hr	1120-		Fred	derick l	no i hal	1 Can	ten	
NAME (Type)	K' / 1 U .		drick						001	
BURIAL, CREMATIC BUR 181	12-3-60		Blue Rid		CREMATORY Cemeterey	Thurm	ont, M		nd (Stot	•)
EUNERAL DIRECTOR	'S SIGNATURE		ADDRESS			D BY REGISTRAR	1	RAR'S SIGNA		
Eymor	of Ere	egi	Thu	rmor	at, Md DATE CO	6 '60		or S. tha		
11211	9)14-2	111	1							

	CERTIFICATE OF DEATH						
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VR A15 (4) 15M 9/59

Н		PLACE OF DEATH					ution: Residence before admission)
	C	Fre Fre	ederick	MARYLAND	o. STATE Mary	land b. COUN'	Carroll
)	b	CITY OR TOWN (If RURAL ond give ne		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I		RURAL ond give nearest town)
	-	d. NAME OF HOSPITA	AL (If not in hospital, give street	oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
at one	I	redericl	Memorial I	Hospital			YES NO
		NAME OF DECEASED (Type or print)	ames	Middle	Gamber	4. DATE MODE ATT	C 27 1960
	5. S	Male	6. COLOR OR RACE 7. MAR WIDOW	THE THE TER MARKED	April 30,	1886 9. AGE (In yeo	rs IF UNDER 1 YEÀR IF UNDER 24 HRS. Months Doys Hours Min.
	10a.	. USUAL OCCUPATIOn during most of work	ing life, even if retired)	. KIND OF BUSINESS OR INDU	Maryl		12. CITIZEN OF WHAT COUNTRY? U. S. A.
1	13.	FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
		George V	W. Gamber		Christi	e A. Gosnell	
1			R IN U. S. ARMED FORCES? 16 If yes, give wor or dales of service)		rs. Viola	Norwood, Mt.	Airy, Md.
			nmediote Due TO	ine for (o), (b), and (c).] Dyestine Revoreles	heat f	art Oures	INTERVAL BETWEEN ONSET AND DEATH
1	CERTIFICATION	PART II. OTH	ER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	rminal disease Condition (GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
		20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING 20b. DE	SCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury	in Port I or Port II of item 1B.)	
	MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Year 20d. 19 While at wa	Not while fo	ACE OF INJURY (Home, for ctory, street, office bldg.,		(County) (Stote)
		21. I certify that saw the deceas	13/3/	ded the deceased fram		1965, to 12/2	7 1960, that (I) (we) last and on the date stated abave.
		226. SIGNATURE	yy V. Ch		M.D. ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	12-27- SIGNED
		22c. PIYSIČIAN'S NAME (Type)	Henry V. C	hase	4 F. Ch	urch s.t Fr	ederick Ma
	23a	BURIAL, CREMATIO REMOVAL (Specify)		23c. NAME OF CEMETERY C		23d. LOCATION (City, town	30 3
?	24	FUNERAL DIRECTOR	12-30-1960 S SIGNATURE	ADDRESS	lle Cemete	EC'D BY REGISTRAR 256 RE	Co., Maryland
1			altz, Winfi	26	D	EC 2 0 100	Lithur S. Kraus

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FOR STATE HEALTH DEPT.

of director. Page your files. P

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is researched the military within the word "pending" in pending them 18. Give Paggest, 2, and 3 to the funeral as should be forwarded to the Chief Medical Examiner's Office along with form PLAS. Pages may be retained to the Chief Medical Examiner's Office along with form PLAS. Pages may be retained to FURERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages mend 2 with the State or its designated agent, prior to burial, cremotion, or removal, and in any event within 72 hours after death.

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VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MAEDICAL EVAMINED'S CEDTIEICATE OF DEATH

1. PLACE OF DEATH a. COUNTY	Frederick		MARYLAN		CE (Where dece ryland	rased lived. If institution b. COUNT	-	nce before adderick	
and give negress t	I (It autilide carporate limits, write own) -Rural-R.F.D	**	c. LENGTH OF STAY IN 1 Minutes		M (If outside co	orporate limits, write	RURAL and	give nearest t	lown)
	PITAL OR INSTITUTION (III			d. STREET ADDR		ch Street		01	RESIDENCE N A FARM
3. NAME OF DECEASED (Type or print)	Firs BRU		Middle	GREGORY	4. DATE OF DEATH	Mont Dece	mber	28,	Yeor 19 60
5. SEX Male	6. COLOR OR RACE White	7. MARRIEI WIDOWED	DIVORCED DIVORCED	May 13, 19	03	9. AGE [In years	Months 1	YEAR IF UN	DER 24 HRS.
10a. USUAL OCCUPA during most of wo Sales	TION (Give kind of work d king life, even if retired) XCT •		ind of Business or Indi		Stote or foreign	country)	12. CITI	USA	TCOUNTRY
13. FATHER'S NAME	Eugene Grego	ry		14. MOTHER'S MAIE Dell	a Allen	1			
15. WAS DECEASED [You, no, or unknown] No	EVER IN U. S. ARMED FOR (If yes, give was or dates at s	ervice)		Informant Ars. Ruth E.	Gregor	y-Same as		#2	
The second secon	EATH [Enter only one course EATH WAS CAUSED BY: IMMEDIATE CAUSE (o)		or (o), (b), and (c).] FRACTURED SKI	JLL				Interval Between And D	HIAS
Conditions, if		C	RUSHED CHEST					11	
gove rise to import (o), stoting the couse lost.									
PART II. C	OTHER SIGNIFICANT CONE	OITIONS CO	NTRIBUTING TO DEATH BU	T NOT RELATED TO THE	TERMINAL DISE	ASE CONDITION GI	VEN IN PART		ORMED?
	CONTRIBUTING		now injury occurred an Off Road-			The same of the same of	S		
20c. TIME OF IN	JURY Month, Day, Yea	r 20d. If	VJURY OCCURRED #20e. 1	PLACE OF INJURY (Home octory, street, office bldg Highway	form, 20f. (C ., etc.)	rederick,	(Cou	erick,	(Stote) Md.
	that I took charge th resulted from:					Inspection A			nd in my
ACTUAL SIGNATURE	Book	wn	nas	M.D.	AL EXAMINER [SIGNED
EXAMINER'S NAME (Type)	B. O. Thoma			DEPUTY MEDI	EDICAL EXAMINER	*		12/28/1	1960
	TION, 226. DATE THEREO	F	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOC	ATION (City, town,	or county)	(SIe	nta)

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ECTOR: After this certificate has been signed by the ottending physicion and completely filled in by funeral director, be detached for use as the buriol-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with af Health prior to burial, cremation, ar remaval, and in any event, within 72 hours after death.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed

RAL DIR Should be Board	22c. PHYSICIAN'S NAME (Type)	lenry
may be poge 3 the State	23a. BURIAL, CREMATION, REMOVAL (Specify)	23b, DATE THI
R A15 (4)	24. FUNERAL DIRECTOR'S S	Laile
		9

		13955		CERTIF	ICATE	OF DEAT	H			10	003
a. COUN	F DEATH	erick		MARYL		USUAL RESIDENCE o. STATE	(Where deceased	d lived. If institut b. COUNTY			ssion)
b. CITY (ond give ned	outside corporate limarest town)	its, write c.	LENGTH OF STAY		c. CITY OR TOWN		rote limits, write			vn)
d. NAMI OR IN	OF HOSPITA	L (If not in hospital,		ress)		d. STREET ADDRESS		urch Str	eet	ON	A FARM?
3. NAME C DECEASI (Type or	ED		rst VARD	Middle Alle	n GRO	Lost	4. DATE OF DEATH	December		Day 60	Year 19
5. sex	Le	6. COLOR OR RACE White	7. MARRIED WIDOWED [NEVER MARRIE		TATE OF BIRTH	23	9. AGE (In years lost birthday) 37 yrs	Months D	YEAR IF UND	
Bri	most of worki	N (Give kind af wark ng life, even if retired PET	1)	one		Frederic	ok, Mary	_		S.A.	COUNTRY?
	rles F	reston Gr				4. MOTHER'S MAIDE					
15. WAS DE (Yes. no, or ur Yes	iknown) (I	IN U. S. ARMED FOI f yes, give war or dates of	service)	2-14-7964		Beatrice	E. Grov		churc	h St.	
1B. CA	PART I. DEAT	TH [Enter only one c H WAS CAUSED BY: IMMEDIATE CAUSE (R	or (o), (b), and (c).]	en	e Care	inom	wit	t	INTERVAL E	D DEATH
gave	litions, if on rise to im	mediote (1 ge	nerale	god	meta	ilas	7		6 m	no,
	(o), stoting the couse lost. PART II. OTHI	ER SIGNIFICANT CON	c)	ITRIBUTING TO DEA	TH BUT NO	T RELATED TO THE TE	ERMINAL DISEAS	E CONDITION GI	VEN IN PART I	1(a) 19. WAS	S AUTOPSY ORMED?
oc OR CO	NTRIBUTING	S UNDERLYING CAUSE OF DEATH	20b. DESCRI	BE HOW INJURY O	CCURRED. (1	Enter nature of injury	in Port I or Por	t II of item 18.)		YES [
₹ 20c. TIA	AE OF INJURY lour a.m. p.m.	MEDICAL EXAMINER) Month, Day, Ye 19	ear 20d. INJU While of work	Nat while		OF INJURY (Home, ,, street, office bldg.,		or tawn)	(Co	unty)	(Stote
saw t	he decease	(I) (this haspitated alive an_/	2/2	2		th accurred at	19/7	12/2 the causes a		date state	d abave.
	IYSICIAN'S	wy V.	Ch	use_	M.D	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.		2	SIGNED Per G
N	AME (Type)	Henry		Lase 3c. NAME OF CEME	TERY OR C	46.0	hurch	St I		rick	Mg (te)
Buris	VAL (Specify)	12-5-19		t. Olivet		tery	Fred	erick, N	aryland	d	pre)
Wash	IL DIRECTOR'S	SIGNATURE	F	rederick,	Mary		DEC 5 '6	777	ISTRAR'S SIGN		

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CERTIFICATE OF DEATH

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	20000	CERTIFICA	TIE OF DEATH	Reg. Dist	No.
-	PLACE OF DEATH o. COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (Where deceased o. STATE Maryland	L COUNTY	before admission) derick
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Frederick	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corpo 35 Brunswick	rate limits, write RURAL and gi	re nearest town)
L	d. NAME OF HOSPITAL (If not in haspital, give street of OR INSTITUTION Memorial Ho		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print) ESTE	Middle LLE	HARRIS 4. DATE OF DEATH	DEC	6 1960
	Female / White WIDOWE	D DIVORCED	27AUG1889	last birthday) Manths C	YEAR IF UNDER 24 HRS. Pays Hours Min.
H		KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Slote or foreign or Maryland		EN OF WHAT COUNTR
1)	FATHER'S NAME Harry W	hitter	14. MOTHER'S MAIDEN NAME Elizat	ooth Krieg	
1Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. 9		Wellen, Buc	Address ekeystown, Md	•
	18. CAUSE OF DEATH [Enter only one couse per lin PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate costs (a), stating the under- lying couse last. (c)	HRONIC'M	ELOID LEUX	KE M 14	INTERVAL BETWEEN ONSET AND DEATH
ICATION	PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASI	E CONDITION GIVEN IN PART	19. WAS AUTOPSY PERFORMED? YES NO
CERTIF	205. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED). (Enter noture of injury in Part I or Part	t II of item 18.)	
MEDICA	20c. TIME OF INJURY Month, Day, Year 20d. IN Hour a. m. 19 While p. m. 19	Not while foo	CE OF INJURY (Home, farm, 20f. (City tory, street, affice bldg., etc.)	or town) (Co	unty) (State)
	21. I certify that I attended the decease alive on a DEC		occurred at Oi 3 M, from ADDRESS (SI		st saw the decease date stated above ATE SON
		ILEY, JR	Frederi	ck, MX.	
B	BURIAL, CREMATION, REMOVAL (Specify)	Monocacy		NON (City, town, or county)	(Stote)
23.	FUNERAL DIRECTOR'S SIGNATURE BRUINS W	ADDRESS vick, Marylan	d DEC 1 2	RAR 246. REGISTRAR'S SIGN	

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 **S FUNERAL DIXECTOR:** After this certificate has been signed by the attending physician and campletely filled in by page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 3 the registrar priar to burial, cremation, ar removal, and in any event within 72 haurs after death. TO HOSPITAL OR may be retain TO FUNERAL D

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
CERTIFICATE OF DEATH

		3886		CERTIFIC	AIL	OF DEA	/IH			Reg. D	ist. No		0 = 1
1.	PLACE OF DEATH	ederick		MARYLAND		UAL RESIDENCE STATE Mar	(Where decease	ed lived. If inst b. COU		-	nce befo		ion)
	RURAL and give ne	f outside carporate limerates town) SVILLE	its, write	c. LENGTH OF STAY IN 16	c.	CITY OR TOWN	(If outside corp	600-91	ite RU	RAL ond	give ne	arest town)
	OR INSTITUTION	AL (If not in hospital, D. Knoxvi		address)	d.	STREET ADDRES	Knozv	rille					FARM?
	NAME OF DECEASED (Type or print)	John	rst	Robert Middle	H	lost [Oar	4. DATE OF DEAT		Month 12		Do	3	Year 19 6
S.	Male	6. COLOR OR RACE White	7. MARR	IED MEVER MARRIED DIVORCED DIVORCED	0	17-189	6	9. AGE (In ye		Months	R 1 YEAR Days	Hours	R 24 HRS. Min.
-	USUAL OCCUPATION during most of work	ting life, even if retired	done 10b. DIST	KIND OF BUSINESS OR IND	USTRY 11	Maryl		cauntry)			I.S.		OUNTRY?
	FATHER'S NAME		Hoar		14. 8	MOTHER'S MAID		a Merr	ims	ın			
{Ye	WAS DECEASED EVE s. no. or unknown) Vorld War	(If yes, give war or dates of	RCES? service)	SOCIAL SECURITY NO.	inform	olive E	loar.K		Addre		vla	nd	
		TH [Enter only one of TH WAS CAUSED BY: IMMEDIATE CAUSE (c	6)	ne far (o), (b), and (c).]	Ran	had	sele	- Les			INT	ERVAL BE	TWEEN
	Conditions, if o gove rise to in couse (a), stating lying couse lost.	ny, which of the under-		the	,	ala	need						0
ICATION		IER SIGNIFICANT CON	NDITIONS C	ONTRIBUTING TO DEATH BU						N IN PA	RT 1(a)	9. WAS / PERFO YES [RMED?
L CERTIF	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCCUR	RED. (Ente	r nature of injury	y in Part I or Pa	ort II af item 1B.	.)				
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Manth, Doy, Ye	While at worl	Not while	PLACE OF octory, st	INJURY (Home, reet, office bldg.	form, 20f. (Ci	ty or town)			(County)		(Stote)
	21. I certify the alive on	at I ottended the	deceos			1961, to	A.M. from	the causes	ond	on th		stated	
	PHYSICIAN'S NAME (Type)(E.Pruit						nswick			yla	nd	
-	BURIAL, CREMATIO REMOVAL (Specify)	12/5/1	.960	20c. NAME OF CEMETERY Saint Mar			P	ation (City, to	111	le.N	ary	(State	
23.	FUNERAL DIRECTOR	SSIGNATURE		ADDRESS			REC'D BY REGI	STRAR 24b. F	REGIST	RAR'S S	IGNATU	RE	

		ANKE!	
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AND MEDICAL MICHAEL STREET			
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FOR STATE HEALTH DEPT necessary, please of weeter. Page of medite.

oth. If ony delay is and 3 to the funeral

execute the scale, writing the word "pending" in pendi in Item 1B. Give Piges 1, 2, and 3 to the functol 4 should be forwarded to the Chief Medical Examiner's Office along with form RM3. Page 5 may be retained TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Bo or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

AL EXAMINER: This certificate should be executed within 24 hour

VS. ATSME 5M 2/57

13887 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

13842 Reg. Dist. No.

	COUNTY 7 6. COUNTY 7	
k	CITY OR TOWN (It outside corporate limits, write RURAL ond give negrest fown)	
	new-market Byears new market	
•	B. CITY OR TOWN! Bundle corpore limits, wire RURAL B. CITY OR TOWN! Bundle corpore limits, wire RURAL C. LENGTH OF STAY IN 16 D. CITY OR TOWN! Bundle corpore limits, wire RURAL D. CITY OR TOWN! Bundle corpore limits, wire RURAL D. CITY OR TOWN! Bundle corpore limits, wire RURAL D. CITY OR TOWN! Bundle corpore limits, wire RURAL D. CITY OR TOWN! Bundle corpore limits, wire RURAL D. CITY OR TOWN! Bundle corpore limits, wire RURAL and give necessary limits, limits, wire RURAL and give necessary limits, limits, limits, limits, limits, wir	
1	DECEASED OF DECEASED	
5. 5	7 Months Days Hours Min.	
13.	William H Pryor Mary L Hackey	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate couse (a), stating the underlying DUE TO DUE TO	
CATION	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?	
CERTIFIC	206. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 206. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.)	
MEDICAL	Hour a. m. While Not while factory, street, office bldg., etc.)	
	opinion death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner	
	SIGNATURE 10, CONOMINA M.D. CHIEF MEDICAL ENAMINER (
	EXAMINER'S ON TO SE WAY	
	BURIAL DEC30-60 SIMPSON CHAPEL WEW MARKET MD	
43.	Lucian K. Falconer Wew-Market DATEAN 4 '61 arthur 8. Knows	
	Md	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MARYLAND STATE DEPARTMENT DE HEATH - BATHMORE, 16

25b. REGISTRAR'S SIGNATURE

DEC 3 0 '60

Cithur S. Kraus

CERTIFICATE OF DEATH

24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
M. R. Etchison & Son, Frederick, Maryland

1. PLACE OF DEATH o. COUNTY Frede	erick		MARYLA	- 1	USUAL RESIDENCE (W		d lived. If institution b. COUNTY				iion)
b. CITY OR TOWN (I RURAL ond give ne Adamstor		ts, write	c. LENGTH OF STAY IN Since-1949	16	c. CITY OR TOWN (IF		rate limits, write R	URAL and	give nea	rest town	1)
	AL (If not in hospitol, g	ive street o		1	d. STREET ADDRESS	00112			•		FARM?
3. NAME OF DECEASED (Type or print)	ECEASED			KAI	Lost NODE	4. DATE OF DEATH	Mon Dec	th cembe		Day Year 1960	
s. sex	6. COLOR OR RACE White	7. MARR	DIVORCED		PATE OF BIRTH 20 July 188	5	9. AGE (In years lay birthday) yrs.	Months Months	R 1 YEAR Days	Hours	Min.
during most of work Retired Fa	ing life, even if retired		kind of Business or i	NDUSTRY	Park Mill				IZEN OF	WHATC	OUNTRY
Charles E	Kanode			1	4. MOTHER'S MAIDEN Hester Zi		n				
15. WAS DECEASED EVE (Yes. no. or unknown)	R IN U. S. ARMED FOR (If yes, give war or dates of s		SOCIAL SECURITY NO.	17. INFO	MANT Carrie V.	Kanod	Add e (Same		em #	1)	
PART I. DEA	TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o	, C	te for (a), (b) and (c).)	uli	usiang	Ele	us,			RVAL/BE ET ALD	
Conditions, if a gave rise to it couse (o), stating lying cause last.	mmediate Dus To		www.		race	nec	, aux		10	200	ye
PART II. OTH	HER SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO DEATH	BUT NO	T RELATED TO THE TERM	AINAL DISEAS	E CONDITION GIV	EN IN PA	RT 1(o) 1	PERFC	AUTOPSY DRMED?
	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCC	URRED. (Enter nature of injury in	Port I ar Par	t II af item 1B.)	V.			
20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Day, Yes	While of work	Not while		OF INJURY (Home, farry, street, office bldg., et		or town)		(County)		(State
	it (I) (this haspital sed alive on 20	The	ed the deceased from 19 60 and the		th accurred of A	47.ta_ M, from	the causes an	, 194 id an th			(we) las d abave
22a. SGIATURE	rles H	Con	illy,	M.D	PHYS. ALA D	AED. DIRECTOR [STAFF PHYS.	2	8 De		SIGNE
22c. PHYSICIAN'S NAME (Type)	Charles H.	Conl	ey, Jr., M.	D.	22d. ADDRESS 228 N. Ma	rket S	t., Fred	erick	, Md		
230. BURIAL, CREMATIC	12-30-60		MOUNT OF CEMETE				TION (City, town,	_ ,,		(Stat	te)

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours Then please remave carbon may be reto by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by page 3 should be detached for use as the burial-transit permit. the Stote Board of Health priar to burial, cremotion, or remaval, TO HOSPITAL

ofter death. Page 4

funeral director, ald be filed with

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VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY	Frederic	k	MARYLA		o. STATE Ma	Where deceased ryland	lived. If institution b. COUNTY		fare admissi	_
b. CITY OR TOWN (I RURAL ond give ne Walkersvi	f outside corporate limiterest town) 11e rure	_	c. LENGTH OF STAY IN	1 16	c. CITY OR TOWN (If outside corporates vil		JRAL ond give r	nearest town)
	AL (If not in hospital, g	ive street o	oddress)		d. STREET ADDRESS					DENCE FARM? NO
3. NAME OF DECEASED (Type ar print)	Jacob	Hen	Middle Ary Kauff	man	Last	4. DATE OF DEATH	Dece	mber 9		rear 9 60
5. SEX	6. COLOR OR RACE	7. MARRI WIDOWE	NEVER MARRIED		Date of Birth	1882	9. AGE (In years last eirthdoy) yrs.	Months Days	-	R 24 HRS. Min.
100. USUAL OCCUPATION during most of work	ON (Give kind of wark or king life, even if retired)	lane 10b.		INDUSTR O.	Y 11. BIRTHPLACE (SIG	ote or foreign co		12. CITIZEN	U.S.	
3. FATHER'S NAME	77 00				14. MOTHER'S MAIDE					
Jacob	Kauffman			17. INFO		eth St	arner			
1S. WAS DECEASED EVE (Yes, no. or unknown)	(If yes, give wor or dates of s		SOCIAL SECURITY NO.	100	Daisy I	. Kauf		alkers	vill	e RD
Conditions, if a gave rise to i couse (a), stating lying cause last. PART II. OTH	nmediate DUE TO		Dervocle			RMINAL DISEASE	CONDITION GIV	EN IN PART 1(a)	PERFO	RMED?
20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCC	CURRED.	Enter noture of injury	in Port I or Port	II of item 1B.)		YES 🗌	NO
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Yes	While	NJURY OCCURRED Not while of work		E OF INJURY (Hame, f ry, street, office bldg.,		or town)	(Count	(y)	(Stote)
saw the decease 22a. SIGNATURE 22c. PHYSICIAN'S		ee. 6	am		oth accurred at 7.1 ATTENDING PHYS. 22d. ADDRESS	MED. DIRECTOR		N	te stoted	above. DATE SIGNED
23a. BURIAL, CREMATIO REMOVAL (Specify) DUP 18 1	12-12-6		23c. NAME OF CEMET Lewistow		emetery	Lewi	on (City, town, o	Maryla		e)
aymond		ger	ADDRESS Thurmont	, M	3	DEC 1 3 '60		STRAR'S SIGNAT		

1.2883 internace has seen as the seen faunt officeration . emitable faunt efficarette /w. . . nacional language de la company de la compan male white Saalysell a .ol'enka .h. g 2.2. TO MERCHANTED BALLE hamilus I donay Mrs. Dalay I. Jauffraga Walkerswille and Law Mark Surger Story and Story and Surger Story The state of the s finally sufficient and a de delle. A. F handwill tartained and and talked the 11-21 intoxed A transmitted the transmitted to
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TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after demay be reported by the haspitol ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by poge 3 should be detached for use as the burial-transit permit. Then pleose remove carbon papers. Poges 1 and 2 shauld the State Board at Health prior to burial, cremation, ar removal, and in any event, within 72 hours ofter death.

VR A15 (4) 15M 9/59.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

13845

1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
FREDERICK MARYLAND	MARYLAND FREDERICK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FREDERICK	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) The elarick
d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
Erederick menocial Hospital	18 College Avenue YES NO NO
3. NAME OF First Middle	Last 4. DATE Month Day Year
DECEASED (Type or print) Julie Lynn	Reunedy DEATH December 16 1960
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months Days Hours Min.
Female Whitz WIDOWED DIVORCED	December 15,1960 yrs. 15 33
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU during most of working life, even if retired)	JSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
	MARY/and -
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Pichard Liniused Kennedy	CAROL AND FAGAN
	INFORMANT Address
(Yes, no, or unknown) (If yes, give wor or dotes of service)	Mother SAME
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN
PART I, DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (o)	orn pra
DUE TO PROGRAMME	aliantini 1 hlace with
Conditions, if ony, which gove rise to immediate (b)	separation of practions charge
couse (o), stating the under-	
lying couse lost. (c)	V
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
3	YES NO TO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture of injury in Port I or Port II of item 18.)
Nonth, Doy, Year 20d. INJURY OCCURRED 20e. P	PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not while of work of work	octory, street, office bldg., etc.)
	Dea 12 who her the solidary
21. I certify that (I) (this haspital) attended the deceased fram.	1 14-4
	death accurred at 150 M, from the causes and an the date stated above
220. SIGNATURE PLANTING	ATTENDING MED. STAFF 22b. DATE SIGNED
Berner V Alluns p	M.D. PHYS. DIRECTOR PHYS. D
22c. PHYSICIAN'S NAME (Type) Bernard O. Thomas, M. D.	Frederick Mt
23g. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town, or county) (Stote)
Burial (Specify) 12-17-60 Mount Olive	t Cemetery Frederick, Maryland
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE
M. R. Etchison & Son, Frederick, Mary	Land DATE DEC 1 9 '60 ariling & Thous
	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -

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Brunswick, Maryland

e. IS RESIDENCE ON A FARM?

YES NO I

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INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO

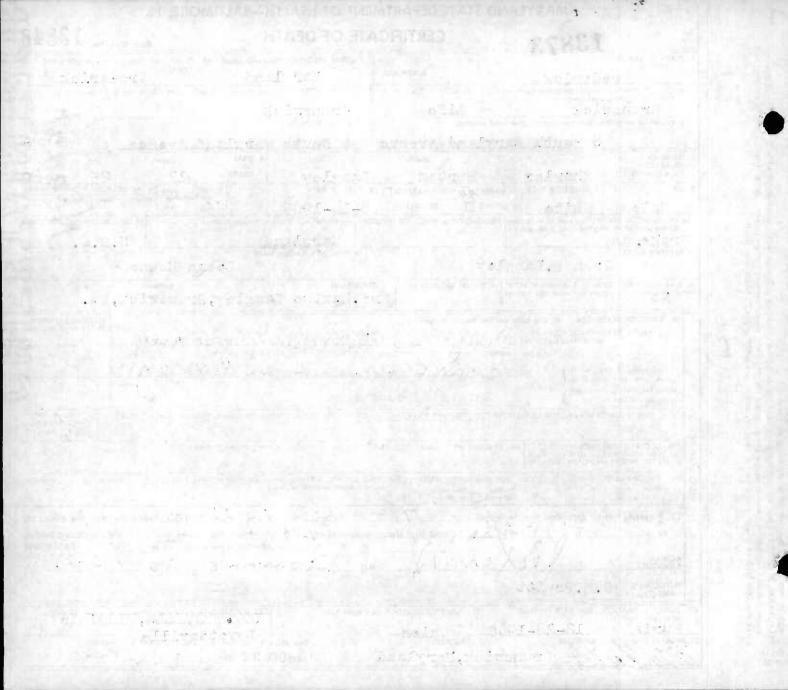
> > (State)

DATE SIGNED

(County)

DATE DEC 3 0 '60

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-1	moy be refered to the hospital ar attending physician. O FUNERAL STRECTOR: After this certificate has been sign	page 3 shauld be detached for use as the burial-transit permit. Then please remave carban popers. Pages 1 and 2 shauld be filed with	the State Board of Health priar ta buriol, cremation, ar remavol, and in ony event, within 72 haurs affely death.	
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SP	Se KER	3	ate	
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0	EC	od	the	-
TO HOSPITAL AR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4	moy be reid by the hospital ar attending physician. TO FUNERAL STRECTOR: After this certificate has been signed by the ottending physicion and completely filled in			

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1. PLACE OF DEATH o. COUNTY Fre	ederick		MARYL		STATE Mary	(Where de		. If institution in the country		deric	
b. CITY OR TOWN RURAL and give Middleton	(If outside corporate limits nearest town)	ts, write	3 Months	N 16	CITY OR TOWN	(If outside		nits, write R	URAL ond	give neares	t town)
OR INSTITUTIO	PITAL (If not in hospital, g		address)		d. STREET ADDRES	SS					IS RESIDENCE ON A FARM? 'ES NO K
3. NAME OF DECEASED (Type or print)	MICH		Middle IRVING	LI	Lost PP Y	4. D O D	ATE F EATH	Mon Dec	ember	Doy 15,	7 ear
s. sex Male	6. COLOR OR RACE	7. MARR	NEVER MARRIE	B. D/	te of Birth	78	9. AG	E (In years birthday) yrs.	IF UNDER Months		UNDER 24 HR lours Min.
10a. USUAL OCCUPA during most of w Retired 1	TION (Give kind of work vorking life, even if retired lerchant)	wner of Bus		11. BIRTHPLACE (S		eign country)		12. CITI		'HAT COUNTR'
13. FATHER'S NAME				14	MOTHER'S MAID						
Michael 1 15. WAS DECEASED E (Yes, no, or unknown)	EVER IN U. S. ARMED FOR	Inning.	SOCIAL SECURITY NO. 17-32-7186		Ellen My MANT E. Louis		py.	600-Add Freder	Taney	Ave.	• ,
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Z Z	OTHER SIGNIFICANT CON			WHE				75-1-1-1	EN IN PAK	- 11	PERFORMED?
OR CONTRIBUTI	WAS UNDERLYING NG CAUSE OF DEATH IFY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OF	CURRED. (EI	iter noture of injur	y in rom i	or rort II or	item ib.;			
20c. TIME OF IN.	10	ar 20d. It While of wor	Not while	20e. PLACE (foctory,	OF INJURY (Home, street, office bldg.	farm, 20f	. (City or to	wn)	(1	County)	(Stot
saw the dece	hat (I) (this haspita	1) attend	-		May acculiated	1066. 15AM,	ta	2/16 causes an			(I) (we) la tated abave
22o. SIGNATURE	mer B. J	ho	mor,	M.D.	ATTENDING PHYS.	MED. DIRECTO	OR PH	AFF YS. 🗆	16	5 Dec	1960 1960
22c. PHYSIC AN'		homas	, M. D.		22d. ADDRESS 228 N. M	larket	St.,	Frede	rick,	Md.	
230. BURIAL, CREMA REMOVAL (Spec	12-17-6	_	23c. NAME OF CEME				cocation (nd	(Stote)
M. R. Etc	or's signature chison & Son	, Fre	derick, Mar	ryland	25a.	REC'D BY	REGISTRAR		STRAR'S SI		4

13890 de trait soil - A de l'affaire de l'acceptant de l'Armé Per-32-748 . Then it then our manner, fresherick, no. they see our to be the second of the second All the second of the second s employed to the control of the contr . . stipsen e om chattain, electrone

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	DIVISION OF	STATISTICAL	RESEARCH	AND R	ECORDS -	- BALTIMO	ORE 1, A	MARYL.
429	959	CE	RTIFIC	ATE	OF DE	ATH		

	10000	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission								
1. PLACE OF DEATH a. COUNTY Fred	lerick		MARYL		CTATE	rylan		1		
b. CITY OR TOWN (I RURAL and give ne Frederick		s, write	c. LENGTH OF STAY I	N 1b		own (If or	utside corporate lin	mits, write RL	URAL ond give	nearest town)
OR INSTITUTION	AL (If not in hospitol, given Memorial H				d. STREET AL		t Patric	k Stre	eet	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First ROBERT	1	Middle	MacD	Lost OUGAL		4. DATE OF DEATH	Mont		Day Year 27, 1960
s. sex Male	7977 .7 4	7. MARRII	DIVORCED		8 Marc	h 188	las	E (In years birthday) yrs.	Months Day	AR IF UNDER 24 HR
noa. USUAL OCCUPATIOn during most of work Retired Tra	ON (Give kind of work di king life, even if retired) LINMEN	ane 10b. K	ailroad Co		Shel	byvil	le, Tenn		12. CITIZEN USA	OF WHAT COUNTR
13. FATHER'S NAME					. MOTHER'S					
Alexander	-				Floret	ta Ho	bbs			
1S. WAS DECEASED EVE (Yes, no. or unknown) NO	R IN U. S. ARMED FORC (If yes, give wor or dates of ser	IES? 16. S	OCIAL SECURITY NO.	Mrs.		s Jam	es MacDo	ugal (s item #2)
Conditions, if a gave rise to it cause (o), stating lying cause lost.	mmediate the under- Cc).	Br	onchop	nou	min	in			C	NTERVAL BETWEEN NSET AND DEATH
20g. ACODENT WA	HER SIGNIFICANT COND TO THE SIGNIFICANT COND AS UNDERLYING COURSE OF DEATH MEDICAL EXAMINER)	ght	STRIBUTING TO BEA	nglis	- 3/4	Contra	aner	win	EN IN PART I(o	PERFORMED? YES NO [
-	Y Month, Doy, Year	While	JURY OCCURRED Not while	20e. PLACE (foctory,	OF INJURY (F street, office	lome, farm, bldg., etc.	20f. (City or to	wn)	(Coun	ity) (Stol
saw the deceas 22d STGNATURE 22 PHYSICIAN'S	it (I) (this haspital) sed alive an le way Henry V. Ch	Se 21		that deat	ATTENDING PHYS. 22d. ADDRE	até P	M, from the	AFF YS.	d an the do	that (1) (to 1) la te stated abov 22b.DATE Dec 1960
23a. BURIAL, CREMATIO BURIAL (Specify)	23b. DATE THEREOF		23c. NAME OF CEME Mount Oli				23d. LOCATION ((State)
24. FUNERAL DIRECTOR' M. R. Etch	s signature ison & Son,	Free	derick, Man	ryland			BY REGISTRAR		STRAR'S SIGNA	

TO HOSPITAL CATTENDING PHTSICIANS THE INC. 1975.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by funeral director.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by funeral director.

To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by funeral director.

The State Board of Health prior to burial, cremation, ar remayal, and in any event, within 72 haurs after death.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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13950	CERTIFICAT	E OF DEATH	
1. PLACE OF DEATH a. COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission o. STATE Maryland b. COUNTY Frederick	1)
b. CITY OR TOWN (If autside carporate limits, w RURAL and give nearest town) Frederick	vrite c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick-Rural RD#1	
d. NAME OF HOSPITAL (If not in hospitat, give OR INSTITUTION Frederick Memorial H		d. STREET ADDRESS McKaig e. IS RESIDE ON A FA YES N	ARM?
3. NAME OF First DECEASED (Type or print) JOHN	Middle FREDERICK	MASSER 4. DATE OF DEATH December 15, 19	10
20 9 9 91		DATE OF BIRTH 12 Oct 1871 9. AGE (In years IF UNDER 1 YEAR IF UNDER 2 YEAR YEA	24 HRS Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	10b. KIND OF BUSINESS OR INDUSTI	TRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COU USA	JNTRY
13. FATHER'S NAME Frederick Masser		14. MOTHER'S MAIDEN NAME Elizabeth Klipp	
15. WAS DECEASEDEVER IN U. S. ARMED FORCES (Yes, no or unknown) (If yes, give wor or dates of service)	,	Paul G. Masser, RD#4, Frederick, Md.	
PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (o)	Corpnan	y occurrent mount	-2
CATIC		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AU PERFORM YES 1.	MED?
	b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Part I or Part II of item 18.)	
Haur a.m.		CE OF INJURY (Hame, farm, ary, street, affice bldg., etc.) (City or town) (Caunty)	(State
21. I certify that (I) (this haspital) a saw the deceased alive an 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type) B. O. Thoma	Thomas M	eath accurred 30°M, from the causes and an the date stated a	bave DATE
23a. BURIAL, CREMATION, 23b. DATE THEREOF BURIAL (Specify) 12-19-196	23c. NAME OF CEMETERY OR	CREMATORY 23d. LOCATION (City, tawn, ar county) (State)	
24. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son,	Frederick, Marylan	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE DEC 21 '60 Cathon & Kanne	

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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	TRISIR	CERTIFICA	IE OF DEATH		
N	1. PLACE OF DEATH o. COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (Where deceded on STATE Maryland	L COUNTY -	Residence befare admission) Prederick
	b. CITY OR TOWN (If outside corporate linguage) RURAL and give nearest town) Frederick	c. LENGTH OF STAY IN 1b 2 Weeks	c. CITY OR TOWN (If autside cor Frederick-I	44	AL and give nearest town)
9	d. NAME OF HOSPITAL (If not in hospital, OR INSTITUTION Frederick Memorial		d. STREET ADDRESS Shookstown	Road	e. IS RESIDENCE ON A FARM? YES \(\) NO \(\)
1	3. NAME OF DECEASED (Type or print) WILLI	AM AUGUSTUS	Lost 4. DATI OF DEAT		Day Year ember 12. 19 60
	s. sex Male 6. COLOR OR RACE White	7. MARRIED NEVER MARRIED VIDOWED DIVORCED	B. DATE OF BIRTH 4 Aug 1876	1 1 1 1 1 1 1	UNDER 1 YEAR IF UNDER 24 HR Ionths Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retire Retired Farmer		Shookstown, Mo		12. CITIZEN OF WHAT COUNTRY
1	13. FATHER'S NAME Frederick Masser		14. MOTHER'S MAIDEN NAME Elizabeth Klip		
	(Yes, no, or unknown) (If yes, give wor or dates of	service)	oformant ederick W. Masser	323 Brada	ock Ave.,
	Canditions, if any, which gave rise to immediate couse (o), stating the underlying couse last.	b) arteriosele	otic Heart	Durane	10 yrs +
	CATIO	nditions <u>contributing to death</u> but			IN PART 1(a) 19. WAS AUTOPS' PERFORMED? YES NO
	OR CONTRIBUTING CAUSE OF DEATH	206. DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Part I or I	Part II of item 18.)	
	20c. TIME OF INJURY Manth, Doy, Y Haur o. m. p. m.	ear 20d. INJURY OCCURRED 20e. PL While Nat while fa of wark at wark	ACE OF INJURY (Home, farm, 20f. (Cory, street, office bldg., etc.)	City ar tawn)	(County) (State
	21. I certify that (1) (this haspite saw the deceased alive an 1	al) attended the deceased fram.	12/8 1960, to death accurred 6:15 BM, fra		, 19 60 , that (I) (we) la an the date stated above
	22a. SIGNETURE/	Chase	M.D. ATTENDING MED. DIRECTOR	STAFF PHYS.	22b. DATE SIGNE 14 Dec 1960
	22c. PHYSICIAN'S NAME (Type) Henry V.	Chase, M. D.	22d. ADDRESS 4 E. Church St.	, Frederick	c, Md.
-	23a, BURIAL, CREMATION, 23b, DATE THERI BURIAL (Specify) 12-15-6		s Cemetery Free	CATION (City, town, or clerick Count	y Maryland
3	24. FUNERAL DIRECTOR'S SIGNATURE	on Frederick M	250. REC'D BY REG		AR'S SIGNATURE

ATTENDING PHYSICIAN: The law requires that the death certificate be by the haspital ar attending physician. TO HOSPITAL may be retain VR A1S

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

i. PLACE OF DEATH o. COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (When o. STATE Mary	h COUNTY	rion: Residence before admission) Y Frederick
b. CITY OR TOWN (If outside corporate limits, write SRUPAL and give nearest town) SADILIASTILE	c. LENGTH OF STAY IN 16		side corporote limits, write l	RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in haspital, give stree OR INSTITUTION HOME	t address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Osba Gr	over McAfee		OF -	cember 5 19 60
5. SEX 6. COLOR OR RACE 7. MAI WIDOV	THE PER MANAGED	July 11, 18	9. AGE (In years lost birthdoy) 67 yrs.	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind af wark dane during most of working life, even if retired) Laborer 13. FATHER'S NAME	n farms	RY 11. BIRTHPLACE (State or Md • 14. MOTHER'S MAIDEN NA		12. CITIZEN OF WHAT COUNTRY?
Jefferson McAfee		Annie	Duncan	
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16	S. SOCIAL SECURITY NO. 17, INF	ORMANT		dress
Yes no. or unknown) Yes WWL or dates of service)	No Mr	s. Alta W.	McAfee S	abillasville, M
Conditions, if ony, which gave rise to immediate couse (a), stating the underlying couse lost. PART 11. OTHER SIGNIFICANT CONDITIONS	Ustard gas CONTRIBUTING TO GEATH BUT	mp hy Semo loisting -	brouchiat AL DISEASE CONDITION GI	30 ys. Tales 42 ys. IVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES □ NO D
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRED	. (Enter noture of injury in Po	rt I or Port II of item 18.)	
A Haur a.m. Whil	fact.	CE OF INJURY (Home, farm, ory, street, office bldg., etc.)	20f. (City or town)	(County) (Stote)
21. I certify that (I) (this hospital) atters saw the deceased alive an 1000 c.	- 1	eath accurred at 43,6		19-6-0 that (1) (we) last and an the date stated abave. 22b.DATE
22c. PHYSICIAN'S NAME (Type) James K. G	ray M	22d. ADDRESS	ector STAFF PHYS.	nd
230. BURIAL, CREMATION, 23b. DATE THEREOF BURIAL (Secify) 12-8-60	23c. NAME OF CEMETERY OR Mt. Bethel	Cemetery 2	23d. LOCATION (City, town, nr. Garfie)	
24 EUNERAL DIRECTOR'S SIGNATURE.	ADDRESS Thur mont,	des est	0.0 100	SISTRAR'S SIGNATURE

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teath. If any delay is necessary, please that and 3 to the funeral director. Page Find Board and 2 with the State 8s. of Health, 72 hours after death.

form PM3

DIRECTOR:

FUNERAL

VS. A15ME

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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Dag	Dist	No	-	-

PLACE OF DEAT 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN c. LENGTH OF STAY IN 16 C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITATION INSTITUTION (If not in hospital, e. IS RESIDENCE ON A FARM YES NO 3. NAME OF 4. DATE DECEASED (Type or print) DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. 9. DATE Months WIDOWED [7] DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S one cause per line for (a), (b), and (c), INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse DUE TO (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? NO D 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Part II of item 18.) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, (County) (Stole) factory, street, office bldg., etc.) While Not while 0 00 ol work ol work D. m. 21. I certify that) tack charge of the remains described above, held an Autopsy ... Inspection and in my apinion death resulted from: Natural causes XI, Accident 1, Suicide , Hamicide , Undetermined monner DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER NAME (Type) 220. BURIAL, CREMATION, 122b. DATE THEREO 22d. LOCATION (City, town, CEMETERY OR CREMATORY (Slote) REMOVAL (Specify) 24o. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DEC 1 9 '60

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DIVISION OF STATISTICAL RESEARCH AND RECORDS -- BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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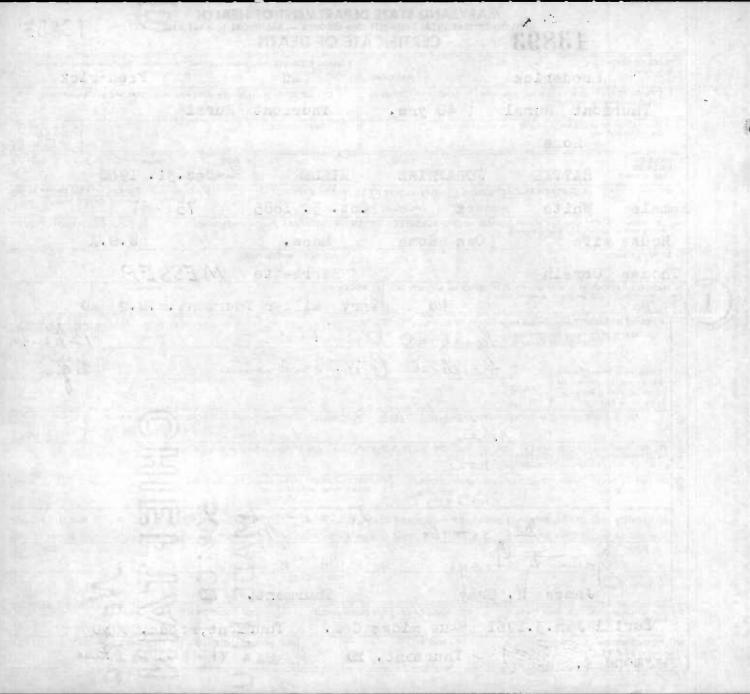
e. IS RESIDENCE ON A FARM? YES NO TY

Year

-	10000	ALE OF BEATT
1	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admissi
1)	o. COUNTY Frederick MARYLAN	o. STATE Md b. COUNTY Frederick
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town
	Thurmont Rural 40 yrs.	Thurmont Rural
1	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESI
	Home	YES 🗆
	3. NAME OF First Middle DECEASED	Lost 4. DATE Month Day
	(Type or print) HATTLE JOSAPHINE	MILLER DEATHDOG . 31 . 1960
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	Igst Diringoy Months Days Hours
	Female White WIDOWED DIVORCED	
	10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR II during most of working life, even if retired)	
	House wife Own Home	Mass. U.S.A
		11
-	Thomas Obrein 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	Harriette MESSER
	(Yes, no, or unknown) (If yes, give wor or dates of service)	enry Miller Thurmont .R.D.2 MD
1	IB. CAUSE OF DEATH [Enter only one couse per/)he for (a), (b), and (c).]	INTERVAL PE
	PART I. DEATH WAS CAUSED BY:	Prombosis - ONSET AND
	DUE TO	7
	Conditions, if any, which) (b) Corebral (Interioselerosis 2 4m
	gove rise to immediate Dur To	
	lying couse lost.	
1	, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS A PERFO
1	15 ne	YES 🗆
	□ OR CONTRIBUTING □ CAUSE OF DEATH □	RRED. (Enter noture of injury in Port I ar Port II of item 1B.)
	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
		PLACE OF INJURY (Home, form, 20f. (City or town) (County) foctory, street, office bldg., etc.)
	Hour o. m. While of work of work	
	21. I certify that (I) (this happital) attended the deceased from	moDec, 26- 1960, to Dec, 31, 19, that (1) (
		at death accurred at PM, from the causes and an the date stated
	220. SIGNATURE	ATTENDING MED. STAFF
	22c. PHYSICIAN'S	M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 22d, ADDRESS
	NAME (Type) James K. Gray	Thurmont. MD
9	23a. BURIAL, CREMATION, 23b. DATE THEREOF Blue Ridg	
1	24 UNERAL DIRECTOR'S SIGNATURE ADDRESS	2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE
	VICO 1 AD-1 ADD A DO (TOA D 11 A M.	1

DEATHDOC . 31 . 1960 DR 9. AGE (In years last birthdoy)
75 yrs. IF UNDER 1 YEAR IF UNDER 24 HRS. RTH Months Days Hours **I885** HPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S.A 88 . R'S MAIDEN NAME riette iller Thurmont .R.D.2 MD INTERVAL BETWEEN TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO e of injury in Port I or Port II of item 18.) Y (Home, form, 20f. (City or town) (County) (Stote) fice bldg., etc.) Dec, 3/ 19 , that (1) (we) last M, from the causes and an the date stated above. 22b, DATE SIGNED MED. STAFF PHYS. DRESS armont. 23d. LOCATION (City, town, or county) (State) Thurmont, Fredk.Co MD 25b. REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR arilar S. Krous DATE AN 4 161

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Item 20 Film 27 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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	U	8	U	21
Ma				

Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Frederick o. COUNTY o. STATE Maryland b. COUNTY Frederick MARYLAND b. CITY OR TOWN IIt outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give negrest town! Brunswick Rrunswick d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? R.R. East bound hump East "A" Street YES NOTE 3. NAME OF Middle 4. DATE Day DECEASED Carlton 20 New 1000 (Type or print) DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED T 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. Months Dovs Hours Min Male Waite WIDOWED [DIVORCED T 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. Brakeman B.&.O.R.R.Co Georgia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Eula Bell James 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give war or dates at service) World Mrs.Frances New.Brunswick.Maryland 18. CAUSE OF DEATH | Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: Homorage caused by multiable fractures IMMEDIATE CAUSE (0) DUE TO Conditions, if ony, which gove rise to immediate cause DUE TO (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO [200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) While braking freight car on R.R. B & 0 - fell under the car 20c. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 120f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not while Hour XXXX 22 19 60 of work 1 of work Md . Brunswick Fred. 21. 1 certify that I took charge of the remains described obove, held on Autopsy 👫 Inspection 🔼 Inquiry 3 opinion death resulted from: Natural couses [], Accident [2], Suicide [], Hamicide [], Undetermined manner DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER'S B.O. Thomas 12-21-1960 DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Saint Marks Poter Sville Merville 23. FUNERAL DIRECTOR'S SIGNAKURE ADDRESS 240. REC'D BY REGISTRAR Brunswick, Maryland arthur & Krous DATE

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funeral director,	should be filed with	(
may be retailed by the hospital or attending physician. Called a physician by the attending physician by the attending physician physic	page 3 should be detoched for use as the burial-transit permit. Then please remove carbon pages 1 and 2 should be filed with	the State Board of Health prior ta buriol, crematian, ar remaval, and in ony event, within 72 hours offer death.	
TO ELL	page	the S	

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

13861	CERTIFICA	TE OF DEATH				
1. PLACE OF DEATH a. COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (Where deceded a. STATE Maryland	b. COUNTY		fare odmission) erick	
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Frederick C. LENGTH OF STAY IN 1b Years		c. CITY OR TOWN (If outside co		JRAL and give n	earest tawn)	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 13 East Ninth Street		d. STREET ADDRESS 13 East Ninth	Street		e. IS RESIDEN ON A FAR YES NO	M?
3. NAME OF First DECEASED (Type or print) JOH	ALC: THE RESERVE OF THE PERSON	Lost 4. DAT OF DEA	771-011	ember	29, 196	60
	7- MARRIED NEVER MARRIED WIDOWED DIVORCED	May 11, 1891	9. AGE (In years last birthday) 9. yrs.	Manths Days		HRS.
10a. USUAL OCCUPATION (Give kind af wark d during most af warking life, even if retired) Auctioneer	one 10b. KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (State or foreign Maryland	n country)	USA	OF WHAT COUN	ITRY?
13. FATHER'S NAME William C. Nul.	1	14. MOTHER'S MAIDEN NAME Frances	Cutsail			
15. WAS DECEASED EVER IN U. S. ARMED FORC		nformant Irs. Luma A. Null-	Same as It			
18. CAUSE OF DEATH [Enter only one cou PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a).	1 0 10	v condeal infar	etan		ITERVAL BETWEENSET AND DEA	
Conditions, if any, which (b).	Coveren	Seleioni to	£		4 years	•
cause (a), stating the under- lying cause lost. (c)	1445					
Recu	ortions contributing to DEATH BU	al ulen		'EN IN PART 1(a)	PERFORME YES NO	DY
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in Part I or	Part II af item 18.)			
20c. TIME OF INJURY Manth, Day, Yea		PLACE OF INJURY (Hame, farm, 20f. (actory, street, affice bldg., etc.)	City or town)	(Count	y) ((State)

at wark at wark

saw the deceased wive an

21. I certify that (1) (this haspital) attended the deceased fram.__

(a) and that death accurred at 7:30P, from the causes and an the date stated above.

22a. SIGNATURE 22c. PHYSICIAN'S

NAME (Type)

Louis R. Schoolman, M. D.

22d. ADDRESS 816 Tolli House Aveding, Frederick, Maryland

M.D. ATTENDING MED. 12/31/60

230. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE THEREOF /1961

23c. NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery 23d. LOCATION (City, tawn, or county) Frederick.

(State) Maryland

24. FUNERAL DIRECTOR'S SIGNATURE

R. Etchison & Son, Frederick, Maryland

25a. REC'D BY REGISTRAR

DATE JAN 4

25b. REGISTRAR'S SIGNATURE

Othur & Kraus

12/29 . 19 60 that (1) (we) last

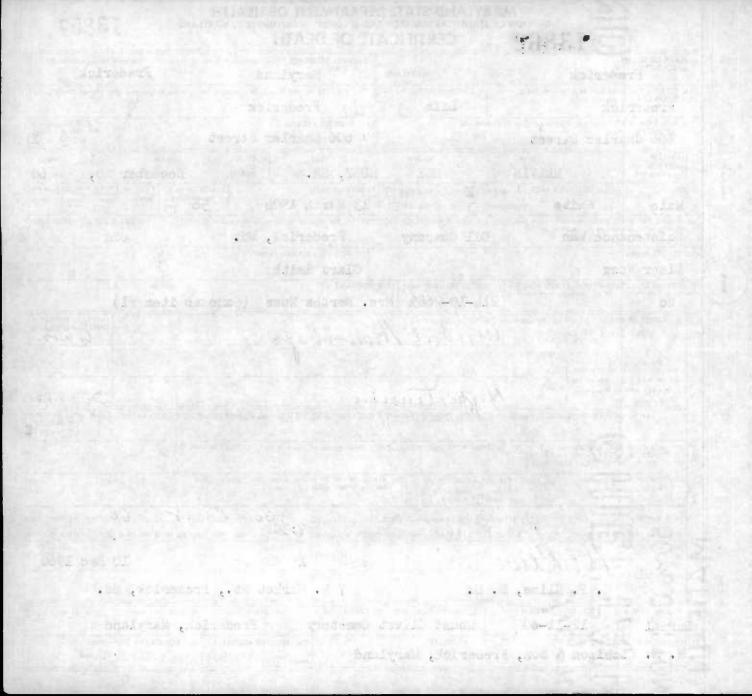
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ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

TO HOSPITAL

	1381	12	CEKTIFI	CAIL	OF DEATH					
1. PLACE OF DE a. COUNTY	Frederick		MARYL		usual residence (Who. STATE Maryla		l lived. If institution b. COUNTY	Fred		ission)
b. CITY OR TO	OWN (If autside carporate li d give nearest tawn) CRICK	mits, write	c. LENGTH OF STAY II	N 16	c. CITY OR TOWN (If o		rate limits, write R	URAL and gi	ve nearest to	wn)
d. NAME OF OR INSTIT	HOSPITAL (If not in hospital Charles Street	, give street	t address)	1	d. STREET ADDRESS 606 Charle	s Stre	et		ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print	3 (15) 7 3	First VIN	Middle ROY	NU	SZ, SR.	4. DATE OF DEATH	Dec Dec	ember	Boy	Year 19 60
s. sex Male	6. COLOR OR RAC	E 7. MAR	RRIED NEVER MARRIED		ate of Birth 3 March 190)4	9. AGE (In years last birthday) yrs.		YEAR IF UN Days Haur	
10a. USUAL OCC during most Maint	CUPATION (Give kind of war t of working life, even if retir enance Man	k dane 10b ed)	Oil Company		11. BIRTHPLACE (Stote Frederick		iuntry)	12. CITIZ	EN OF WHAT	COUNTRY
13. FATHER'S NA	AME			1.	. MOTHER'S MAIDEN N	NAME				
Elmer	Nusz				Clara Smith					
15. WAS DECEA (Yes, no, or unknown No	(SED EVER IN U. S. ARMED Form) (If yes, give war or dates	of service)	214-10-2689	Mrs.	MANT Bertha Nus	z (Sa	me as it	44 .)	
	OF DEATH [Enter only one IT I. DEATH WAS CAUSED BY IMMEDIATE CAUSE	(0)	line for (a), (b), and (c).]	Stru	unlesge				INTERVAL ONSET AN	
gave rise	ns, if any, which e to immediate stating the under-	(b)	1 , 4		J					
lying caus		(c)	tipper(cu	desi	(200	110.
PART OIL OR CONTRI (IF EITHER, I	TII. OTHER SIGNIFICANT CO	ONDITIONS	CONTRIBUTING TO DEA	TH BUT NO	T RELATED TO THE TERMI	INAL DISEASE	CONDITION GIV	EN IN PART	PERI	S AUTOPSY FORMED?
	DENT WAS UNDERLYING [] IBUTING [] CAUSE OF DEAT NOTIFY MEDICAL EXAMINER	H ·	SCRIBE HOW INJURY OC	CURRED. (E	inter nature af injury in I	Part 1 or Part	II of item 18.)			
	PFINJURY Manth, Day, a. m. p. m.	While			OF INJURY (Hame, farm , street, affice bldg., etc		ar tawn)	(Co	ounty)	(State
	ify that (1) (this haspideceased alive an	7(19 h accurred 7: 30	30, ta_			Q, that (I) date state	
22a. SIGNA	HAR	lice		M.D.	PHYS. DI	ED.	STAFF PHYS.	1.0	Dec 3	226. DATE 1960 NE
22c. PHYSIC NAME		ne, M.	. D.		7 N. Mark	et St.	, Freder	ick, M	ld.	
23a. BURIAL, CR BURIAL (REMATION, 23b. DATE THER (Specify) 12-11-		23c. NAME OF CEME				TON (City, tawn, derick, M			tate)
	RECTOR'S SIGNATURE Etchison & Se	on, Fr	rederick, Ma	rylan		EC 1 2		STRAR'S SIG		



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-	-	-	3.7	7.7	-

CEDTIEICATE OF DEATH

			CERTIF	CAI	OF DEA	111				
1. PLACE OF DEATH o. COUNTY F	rederick		MARY		usual RESIDENCE o. STATE Maryl		sed lived. If insti b. COUN	ITY	ce before odm	issian)
b. CITY OR TOWN (I RURAL and give no	If autside carporate limi earest tawn)	ts, write	5 weeks	IN 1b	c. CITY OR TOWN		porate limits, writ	e RURAL and	give nearest to	wn)
d. NAME OF HOSPIT OR INSTITUTION	TAL (If not in hospital, g		oddress) State Hospi	+-1	d. STREET ADDRE	SS			ON	ESIDENCE A FARM?
				CHIL		verly T			165	NO
3. NAME OF DECEASED (Type or print)	Fir Wa	st lter	Middle Willia	mı.	Orndorff	4. DATE OF DEAT	и ъ	ember	21	1960
5. SEX	6. COLOR OR RACE	7. MARI	RIED ENEVER MARRIE	D B.	DATE OF BIRTH		9. AGE (In year		1 YEAR IF UN	
M.	W.	WIDOW		-		921	-	y) Months	Days Haur	Min.
during most of war	king life, even if retired	dane 10b.	KIND OF BUSINESS O				country)	12. CITI	ZEN OF WHAT	COUNTRY
3. FATHER'S NAME	ofer		roofin		Mar 14. MOTHER'S MAIL	yland			USA	
	Omndance			M. S.			17.9.4			
	Orndorff	CESS 114	SOCIAL SECURITY NO.	17. INFO		lossie		Address		2/2
(Yes, no, or unknown)	(If yes, give war ar dates of s	ervice)								Md.
Yes	World war	Н	220-10-06	55 III	S. LELOSSI	e Iludso	n 351 B	alto,	ivet, C	umber
G O 2	TH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO	•	far advance	d bil	ateral pu	lmonary	tubercu	losis	4 9	ears
gave rise to i couse (a), stating lying cause last.	mmediate (
<u> </u>		DITIONS	CONTRIBUTING TO DEA	NTH BUT NO	OT RELATED TO THE	TERMINAL DISEA	ASE CONDITION	GIVEN IN PAR	PERF	S AUTOPS' FORMED?
	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRED. (Enter nature of injur	ry in Port I or P	ort II of item 18.)			
20c. TIME OF INJUR Hour a.m. p. m.	RY Month, Doy, Yes	While	NJURY OCCURRED Nat white tk ot wark		OF INJURY (Hame, y, street, affice bldg		ity or town)	(0	County)	(State
21. I certify the saw the degea	7		ded the deceased 60 19 and		ATTENDING		_ STAFF _	and an the		
22c. PHYSICIAN'S NAME (Type)	Michael	G 7	owi e	****	22d. ADDRESS	ullen.		1	C-21-00	
23a. BURIAL, CREMATIC		_	23c. NAME OF CEME	TERY OR C			ATION (City, tow			-1-1
REMOVAL (Specify)			Bald Hill				m 1 m	10 1		nna.
24 FUNERAL DIRECTOR	'S SIGNATURE	zer/	ADDRESS - Thurmon	ty	Md 250.	REC'D BY REG	ISTRAR 256. RI	Colstrar's side	SNATURE	

may be retail by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by innerval director, to FUNERAL DIRECTOR: After this certificate has been signed by the other physician and compare pages. Pages 1 and 2 should be filled with page 3 should be detached for use as the burial premation or removal, and in any event, within 72 hours after death. ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 TO HOSPITAL CX

VR A1S (4) 1SM 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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VS A1S (4) 1SM 9/58

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 13875

CERTIFICATE OF DEATH

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Reg.	Dist.	No.	1	0	0	U	ŧ

1	1. PLACE OF DEATH a. COUNTY	Frederick	MARYLAND		eryland	b. COUNTY	-	e before odmis	
	b. CITY OR TOWN RURAL ond give		c. LENGTH OF STAY IN 16	35	runswiel	rporote limits, write R	URAL ond gi	ive nearest tow	'n)
-	d. NAME OF HOS OR INSTITUTION	PITAL (If not in hospital, give stre 7 North Map	et address) Lo Avenuo	d. STREET A	DDRESS		venu	ON.	SIDENCE A FARM? NOXIII
	3. NAME OF DECEASED (Type or print)	Charles	Middle William	Rau	4. DAT OF DEA	7.0	oth	Doy 31	Year 1960
	5. SEX Male	1827 - 2 J	RRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTS	. 0 -1	9. AGE (In years last birthday) 0 yrs.		YEAR IF UND Days Hours	ER 24 HRS. Min.
	(Retire	TION (Give kind of work done 10 orking life, even if retired) d Yard Forems	b. KIND OF BUSINESS OR IND ${ m B}$. ${ m \&}$. ${ m O}$. ${ m R}$. ${ m R}$	Co. We	st Virgi		12. CITIZ	S.A.	COUNTRY?
	13. FATHER'S NAME	William C	Rau	Mary	Agnes (onway			
	1S. WAS DECEASEDE (Yes, no, or unknown) NO	VER IN U. S. ARMED FORCES? (If yes, give wor or dates of service)		informant irs.Mari	e Rau.	Brunswie		ryland	
	11/	O DUE TO	line for (a), (b), ond (c).] cute Myocard: ongestive He						etween D death min.
Ì	gove rise to cause (a), statin lying couse los	immediate g the under-	romary Insu	fficienc	ey .			1	yrs.
	ICATIC	THER SIGNIFICANT CONDITION					VEN IN PART	PERF	AUTOPSY DRMED?
		IG CAUSE OF DEATH	ESCRIBE HOW INJURY OCCUR	RED. (Enter noture o	f injury in Part 1 or	Port II of item 18.)			
	20c. TIME OF INJI Hour o. m p. m	Whi		PLACE OF INJURY (actory, street, office	Home, form, 20f. (6 e bldg., etc.)	City or town)	(Ce	ounty)	(Stote)
	21. I certify alive an	that I attended the dece	60_, and that deal	h accurred af	2:00PM, fro	(Street, city or town,	d an the	date state	
	PHYSICIAN'S NAME (Type)	C.T.Byron Ka		A.o15_ Bru	S. Maryl nswick,	land Ave.			-3-6
	220. BURIAL, CREMAT REMOVAL (Specif	ION. 22b. DATE THEREOF	22c. NAME OF CEMETERY Saint Pet			CATION (City, town,		(Sto	ite)
	23. FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS ick, Maryland		24a. REC'D BY REC	SISTRAR 24b. REGI	STRAR'S SIG	NĂTŮRE	

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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		5516		CERTIFI	CATE	OF DEAT	Н			100	,01
1.	PLACE OF DEATH a. COUNTY Fred	lerick		MARYL		USUAL RESIDENCE	•	lived. If institution b. COUNTY	on: Residence Freder	before odd	mission)
	b. CITY OR TOWN (II RURAL and give de Frederick	f outside corporate limi carest town)	ts, write	c. LENGTH OF STAY IN	1 16	c. CITY OR TOWN		rote limits, write R	URAL ond giv	e nearest t	own)
	OR INSTITUTION	At (If not in hospital, g Fifth Stre		address)		d. STREET ADDRESS 215 E		th Street	5	O	RESIDENCE N A FARM?
3.	NAME OF DECEASED (Type or print)	Fir DAN		Middle W •		Lost RENNER	4. DATE OF DEATH	Mon De	th ecember	Day 8	Year 19 60
\$.	Male	6. COLOR OR RACE White	7. MARR	IED NEVER MARRIED DIVORCED	-	Dec 1861		9. AGE (In years last birthdoy) yrs.	IF UNDER 1 Months D	YEAR IF U	
	Retired F	ing life, even if retired)	KIND OF BUSINESS OR Farm Owner		11. BIRTHPLACE (SI	d	ountry)	USA		AT COUNTRY
13.	FATHER'S NAME Elias Ren	n en			14	. MOTHER'S MAIDE	n name ne Dusii	0.07			
	WAS DECEASED EVEL	R IN U. S. ARMED FOR (If yes, give wor or dates of s		SOCIAL SECURITY NO.	17. INFOR			Add	me as	item	#1)
CERTIFICATION	Conditions, if or gove rise to it cause (a), stating lying cause last. PART II. OTH	the under-)	Sandio 7		RELATED TO THE TE			/EN IN PART 1	PE	AS AUTOPS RFORMED?
MEDICAL CERTIF	(IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Day, Ye		Not while	Oe. PLACE	of INJURY (Home, street, office bldg.	form, 20f. (City		(Co	unty)	(Stot
	saw the deceas 22a. SIGNATURE 22c. PHYSICIAN'S	tt (I) (this haspital sed alive an	nn	ed the deceased for the		ATTENDING PHYS.	AM, from MED. DIRECTOR □	the causes an	10	Dec 1	
230	BURIAL, CREMATIO REMOVAL (Specify) Burial	23b. DATE THEREC		23c. NAME OF CEMET Mount Oliv				TION (City, town, Prick, Ma			Stote)
24.	M. R. Etc	s signature hison & Son	n, Fr	ederick, Ma	rylan	d	DEC 1 2 '6		STRAR'S SIGN		

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	PLACE OF DEATH	erick		MARYI		o. STATE Mar	(Where decease Vland	sed lived. If instituti b. COUNTY		e before rick	admission)
	b. CITY OR TOWN (IF RURAL ond give new Frederic	arest tawn)	its, write	c. LENGTH OF STAY	N 16	80	(If outside com	porate limits, write R	URAL ond gi	ive neore	est town)
	d. NAME OF HOSPITA OR INSTITUTION DOA Frede:	AL (If not in hospitol, grick Memor				d street address 505 Fleming Avenue 6. IS RESIDENC ON A FARM YES \(\sigma \) NO.					
	NAME OF DECEASED (Type or print)	HARR		Middle WALTER	RI	Last DGELY	4. DATE OF DEAT		ecembe:	Day	Year 19 60
	sex Male	6. COLOR OR RACE White	7. MAI	RRIED NEVER MARRIE		DATE OF BIRTH 28 June 18	390	9. AGE (In years last birthday) 70 yrs.	IF UNDER	YEAR I	F UNDER 24 HR Haurs Min.
1	during most of working the tired-Pa:	Construction		Frederic 14. MOTHER'S MAIG	k, Mary			SA	WHAT COUNTRY		
	Charles G					Ellen M.					
	WAS DECEASED EVER	IN U. S. ARMED FOR f yes, give war ar dates of	service)	s. social security no. 219–12–0625	10000	Margaret	Ridgel	y (Same a		n #2)
CATION	Canditions, if on gave rise to in cause (a), stating t lying cause last.	TH WAS CAUSED BY: IMMEDIATE CAUSE (compared to the under-	a	he or (o), (b), and (c).	TH BUT N	of Co	roman	vene	L2 VEN IN PART	ONSE 5	WAS AUTOPS? PERFORMED? YES NO
MEDICAL CERTIFICATION	20c. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY / 20c. TIME OF INJURY Hour o. m.	CAUSE OF DEATH MEDICAL EXAMINER)	or 20d.		20e. PLAC	(Enter nature of injure E OF INJURY (Home, ry, street, affice bldg	form, 20f. (C		(C	aunty)	(State
MED	p. m. 21. I certify that saw the decease 220. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	ed alive an De	l) after	Not while at work at the deceased 17 1960, and have	fram/	D. ATTENDING PHYS. 22d. ADDRESS	1954, to 30PM, from DIRECTOR E	n the causes ar	an the	date:	
]	BURIAL, CREMATION REMOVAL (Specify)	12-21-6		Mount Old		Cemetery	Fre	ederick, M	laryla		(State)
24.	I. R. Etch:	ison & Son	, Fre	ederick, Mar	yland	25a.	E DEC 2		STRAR'S SIG		

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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		LACE OF DEATH			here deceased lived. If in		befare admission)				
	٥	FREDERICK	MARYLAND	o. STATE MARI	ILAND b. COI	Fred	erick				
	b	. CITY OR TOWN (If autside carporote limits, write	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (IF	outside corporate limits, w	rite RURAL and give	nearest tawn)				
		RURAL and give neorest tawn) FREDERICH	3 days	X mr. A	IRY						
R	-	I. NAME OF HOSPITAL (If not in hospital, give street	address)	d. STREET ADDRESS			e. IS RESIDENCE				
1		OR INSTITUTION - REDERICH MEM	TORIAL HOSPITAL	Hill Hill	street		YES NO				
	3. N	IAME OF First	Middle	Last	4. DATE OF	Month	Day Year				
		Type or print) MATTIE	W.	RUNKLES	DEATH DECE	EM BER	24 1966				
	S. S	EX 6. COLOR OR RACE 7. MARR	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In last birth	yeors IF UNDER 1 Y	EAR IF UNDER 24 HRS.				
	I-	EMALE WHITE WIDOWE	DIVORCED 🗌	9-3-1874	86	yrs.	ays Hours Min.				
	100.	USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDL	STRY 11. BIRTHPLACE (Stote	ar fareign country)	12. CITIZEI	N OF WHAT COUNTRY?				
			wn home	MARYLA	MD	u.	S.A.				
	13. 1	ATHER'S NAME		14. MOTHER'S MAIDEN							
		Henry Wilson		Martha	L. Watkir	ıs					
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16.		NFORMANT		Address					
			none H	enry P. Run	kles. Mt.	Airy, Md	•				
		1B. CAUSE OF DEATH [Enter only one couse per lie	ne for (a), (b), and (c).]		11		INTERVAL BETWEEN ONSET AND DEATH				
		PART I. DEATH WAS CAUSED BY: Massive Pastro- in wolinal framings									
		DUE TO	^	1	- 1		21.				
		Conditions, if ony, which (b) Cause and termined I days									
		gove rise to immediate OUE TO									
		lying couse lost. (c)									
	CATION	PAST II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	AINAL DISEASE CONDITIO	N GIVEN IN PART 1	(o) 19. WAS AUTOPSY PERFORMED?				
	CAT	arterio o chrotis	Cardio	- bascula	2 Disea	ne l	YES NO D				
)	CERTIFI	20g. ACCIDENT WAS UNDERLYING A 20b. DESI OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURR	ED. (Enter noture af injury in	Port I or Part II of item 1	B.)					
	MEDICAL	20c. TIME OF INJURY Manth, Doy, Year 20d. II Hour a.m. While	f.	ACE OF INJURY (Hame, far actory, street, office bldg., et	m, 20f. (City or tawn)	(Cau	inty) (Stote)				
	ME	p. m. 19 at war									
		21. I certify that (1) (this haspital) attend	ded the deceased fram.	12-21- 1	960 , to 12-24	f - 1960	, that (1) (we) last				
		saw the deceased alive an 12-24-	1 -		15M, fram the cause	es and an the c	date stated above.				
		220. SIGNATURE		ATTENDING	MED STAFF _	12	22b. DATE SIGNED				
		U. U. V.e.	irre	M.D. PHYS.	DIRECTOR PHYS.	1	24/60				
		22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS	, ,	hI					
		A. A. PEARR	E	1 Vr	derick	na					
	23a	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City,	awn, or county)	(Stote)				
		"BURTAL" 12-26-1960	Prospec	t	Frederi		Md.				
1	24.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		D BY REGISTRAR 25b.	REGISTRAR'S SIGN	ATURE				
		C. M. Waltz. W	infield. Md	DATE	DE 2 : 00	Chillian &	Matia				

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the ottending physicion of deampletely filled in by reviuneral director. Then please remove corpor papers. Pages 1 and 2 should be filed with TO HOSPITAL (IT ATTENDING PHYSICIAN: The low requires that the deoth certificate b may be retained by the hospital or attending physician.

TO FUNERAL DIACCTOR: After this certificate has been signed by the ottending physician page 3 should be detached for use as the buriol-transit permit. Then please remove contine State Board of Health prior to buriol, cremation, or removal, and in any event, within

ITENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after death. Page 4 VR A1S (4) 1SM 9/59

1. PLACE OF DEATH O. COUNTY FREDERICK MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE MARYLA ST b. COUNTY FREDERIC K
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	CCITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FREDERICA Route # 3
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION PREDERCH ME MORIAL HOSPITAL	d. STREET ADDRESS Frederick Route # 3 e. IS RESIDENCE ON A FARM? YES M NO
3. NAME OF DECEASED (Type or print) CLNTON M	SCHWART X DATE Month Day Year DEATH DECEMBER 25, 1960
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 9. AGE (In years lost birthday) 10 yrs. 15 UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
106. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS during most of working life, even if retired)	
Farmer Farming	MARYLAND U.S.A.
SAMUEL SCHULARTI	ALICE BOUER Peters
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN (Yes. no. or unknown) If yes. give wor or doles of service) 220-34-//22 Mr	Beulah S. BYGGG V. Schwartz Rt. # 3 Frederick M.
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if only, which gove rise to immediate couse (o), stating the under. lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Port I or Port II of item 18.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED for Hour o. m. 19 While at work of work	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State) ctory, street, office bldg., etc.)
22o. SIGNATURE	Death occurred of 12-25- 1960, that (1) (we) last death occurred of 15 M, from the couses and on the date stoted obove. ATTENDING MED. STAFF PHYS. PHYS. DEC Z5, 1960 22d. ADDRESS P-derick, Pod
230. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OF CEMETERS OF CEME	
Burial 12-28-1960 Mt. Olivet Co 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Frederick, Ma	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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FOR STATE HEALTH DEPT

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

13866 13867MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No in necessary, please of sector. Page down files. Board of Health,

o. COUNTY Free	derick		MARYLA	ND	o. STATE Maryl		sed lived. If instill b. COUNT		deri	-	sion)
b. CITY OR TOWN III ond give neorest lawn Frederic		e RURAL	c. LENGTH OF STAY IN	16	c. CITY OR TOWN (III		porate limits, write	RURAL onc	give ne	arest tow	rn)
	Second Stre		haspital, give street address)		d. STREET AGDRESS	Second	Street			ON A	SIDENCE A FARM? NO 1
3. NAME OF DECEASED (Type or print)	Fir CHARL		Middle AUST IN	SH	lost IERALD	4. DATE OF DEATH	Mont Dec	ember	Doy 12		ear 60
5. SEX Male	6. COLOR OR RACE White	1	RRIED NEVER MARRIED		DATE OF BIRTH 30 Aug 1919		9. AGE (In years lost birthday) yrs.	IF UNDER Months	Days	Hours	R 24 HRS. Min.
10o. USUAL OCCUPATION during most of workin Foreman	ON (Give kind of work g life, even if retired)		b. KIND OF BUSINESS OR IN Optical Compar		Y 11. BIRTHPLACE (Slote Frederick		country)		ZEN OF	WHAT O	COUNTRY
13. FATHER'S NAME Allen F.	Sherald, S	Sr.			14. MOTHER'S MAIDEN P		llivan				
Yes WWII	ER IN U. S. ARMED FO (If yes, give war ar dates of	RCES?	16. SOCIAL SECURITY NO. 212-14-7107		B. Betty L.	Sheral	Address Ld (Same		tem	#1)	
Conditions, if an appear rise to immed (o), atoling the couse lost.	TH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO Thy, which diote cause anderlying DUE TO (c)	, <u>Ce</u>	ine for (o). (b). and (c).) pronary Occlus						Mi	AND DEAT	\$
PART II. OTH 20a. EXTERNAL CAU PRIMARY Der CON CAUSE OF DEATH.	JSE WAS 20		CONTRIBUTING TO DEATH					VEN IN PAR		PERFOR	RMED?
20c. TIME OF INJUI Hour a. m. p. m.	RY Menth, Day, Ye	W	/hile Not white work of work	PLAC factor	E OF INJURY (Home, form ry, street, office bldg., etc	70, 20f. (City	y or lown)	(Cou	inty)		(Stote)
21. I certify the opinion death ACTUAL SIGNATURE EXAMINER'S NAME (Type)	resulted from: BOSH B. O. Thomas	Natura Natura	e remains described al causes . Accide	ent [, Suicide [], M.D. CHIEF MEDICAL EXAMPLE ASSISTANT MEDICAL DEPUTY MEDICAL	Homicide XAMINER CAL EXAMINER EXAMINER	Undele	ermined r	nanne	DATE SI	60
220. BURIAL, CREMATIO REMOVAL (Specify) BURIAL	12-15-60		Mount Olive		Cemetery	Free	TION (City, lown, derick, M	aryla		(State)	
23. FUNERAL DIRECTOR M. R. Etcl	s signature nison & Sor	n, Fi	rederick, Marj	ylaı	1d	D BY REGIST	The second	STRAR'S SIC			

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is nexecute the fice, extiting the word "pending" in pendil in Item, 18. Give Pages 1, 2, and 3 to the funeral 4 should be recovered to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Bur or its designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours after death. VS ATSME

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No.

Day

IF UNDER 1 YEAR IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

13,

PERFORMED? YES NO D

(State)

DATE SIGNED

(State)

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(County)

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e. IS RESIDENCE ON A FARM?

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director, ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 uneral a campletely filled in by more papers. Pages 1 and 2 shall aurs ofter death. and cample banageers. TO HOSPITAL CATENDING PHYSICIAN: The law requires that the death certificate be may be rebain. By the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physiciany page 3 shauld be detached far use as the burial-transit permit. Then please remave and the State Board of Health priar to burial, crematian, ar remaval, and in any event, within

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 13868

I	3	8	6	8	

1.	PLACE OF DEATH O. COUNTY Frederich MARYLAND	a. STATE	(Where deceased lived	l. If institution: Residence b. COUNTY Frede	
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town). Frederick 3 dys	Freder	rick-Rural	mits, write RURAL and giv	
1	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION Prederich Memorial	d. STREET ADDRE	ore Road		e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print) DARBARA DEA	N SMITH	4. DATE OF DEATH	Dec	9 1960
	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH	1960 9. AG	t birthdoy) Months yrs.	YEAR IF UNDER 24 HRS. dys Hours Min.
10	2. USUAL OCCUPATION (Give kind af work done during most af working life, even if retired)	USTRY 11. BIRTHPLACE (State or foreign country	12. CITIZI	NOF WHAT COUNTRY?
13.	FATHER'S NAME ROUGH Lowaire Sunt	14. MOTHER'S MAIL	All orese	Boyen	
	WAS DECEASED EVER IN U. S. AMMED FORCES? 16. SOCIAL SECURITY NO. 17. (If yes, give war or dates of service)	INFORMANT MO	then	Apadress	
	1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate cause (o), stoting the under-lying cause lost. [b] DUE TO [c]	tueity			INTERVAL BETWEEN ONSET AND DEATH
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE	TERMINAL DISEASE CON	NDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES NO
CERTIFI	206. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter noture of inju	ry in Port I ar Part II of	item 1B.)	
MEDICAL		PLACE OF INJURY (Home factory, street, office bldg		wn) (Co	unty) (Stote
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Dec 1960 causes and on the	date stated above.
	220. SIGNATURE RLGuest	M.D. ATTENDING PHYS.	MED. ST.	AFF IYS.	22b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type) R. L. Guest, M. D.	22d. ADDRESS	665.3-d;	Frod	ind, M
23	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY BURIAL Specify 12-10-60 Mount Olive	or CREMATORY et Cemetery	-	(City. town, or county)	(State)
24	FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son, Frederick, Mary		REC'D BY REGISTRAR BEC 1 2 '60	25b. REGISTRAR'S SIGN	
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MARYLAND STATE DEPARTMENT OF HEALTH Blyision of Statistical Research and Records — Baltimore 1, Maryland CERTIFICATE OF DEPARTMENT OF HEALTH

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TO FUNERAL DESCIOR: After this certificate has been signed by the attending physician and campletely filled in by uneral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, ar remaval, and in any event, within 72 hours after death.

JTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours offer death. Page 4

TO HOSPITAL & VR A1S (4) 15M 9/59

	10010	CERTIFIC	AIE OF DI	AIR			
1. PLACE OF DEATH o. COUNTY	rederick	MARYLANI	O. STATE	Maryland			ore admission)
b. CITY OR TOWN (III	f outside corporate limits, w corputown)	c. LENGTH OF STAY IN 1	c. CITY OR T	Thurmont		URAL ond give ne	earest town)
d. NAME OF HOSPIT OF INSTITUTION OWN HON	AL (If not in hospital, give s	treet oddress)	d. STREET A	DDRESS Street			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Minia D	• Smith	Lost	4. DATE OF DEATH	Dec.	th Di	19 6
s. sex Female	7.79. J. L.	MARRIED NEVER MARRIED DOWED DIVORCED		12, 1874	9. AGE (In years lost birthdoy) yrs.	Months Days	R IF UNDER 24 H
10a. USUAL OCCUPATIO during most of work Housew	ing life, even if retired)	10b. KIND OF BUSINESS OR IN Own Home		ACE (State or foreign of	country)		S.A.
3. FATHER'S NAME Benjami	n Firer			MAIDEN NAME Amanda Li	ghtner		
	R IN U. S. ARMED FORCES? (If yes, give war or dates of service)		Lillian	Smith	Thurmo		ryland
gove rise to it couse (o), stoting lying couse lost. PART II. OTH	the <u>under-</u> DUE TO (c)	ONS CONTRIBUTING TO DEATH	1 1	THE TERMINAL DISEAS	SE CONDITION GIV	/EN IN PART 1(o)	PERFORMED?
(IF EITHER, NOTIFY	S UNDERLYING [] 2019 CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCUI	RRED. (Enter noture of	Finjury in Port I or Por	rt II of item (3.)	era,	YES NO
20c. TIME OF INJUR Hour o. m. p. m.	10	tod. INJURY OCCURRED 20e. While Not while t work 0t work	PLACE OF INJURY (I foctory, street, office		y or town)	(County	r) (Sta
		tended the deceased fra 1960 and tha		1957, to	the causes an		hat (I) (we) lo
22c. PHYSICIAN'S	James	= Gray.	M.D. ATTENDING	DIRECTOR	STAFF PHYS.		22b. DATE SIGN
NAME (Type)	James K.	Gray		Thurmo	nt, Mar		andy analy from these does show the same does alone does from the same does alone does from the same does alone does alon
Burial (Specify)	12-6-60		rethern (Cem. Thu	rmont,	Mar ylar	
24 BUNERAL DIRECTOR	2 Trias	M Thurmont.	Maryland	250. REC'D BY REGIS		STRAR'S SIGNATU	

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FOR STATE HEALTH DEPT.

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VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

13876 Rea. Dist. No PLACE OF DEATH . 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission o. COUNTY b. COUNTY MARYLAND b. CLTY OR TOWN (If outside carporale Timits c. LENGTH OF STAY IN 16 ac. CITY OR TOWN (If outside corporate limits, whe RURAL and give negrest lown) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) . IS RESIDENCE ON A FARM YES | NQ NAME OF Middle DATE DECEASED (Type or print) DEATH 6 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 8. DATE OF AIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS Months WIDOWED [DIVORCED 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. **ENFORMANT** (If yes, give war or dates of service) 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate cause DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPS PERFORMED? NO [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f. (City or fown) (County) (Stote) factory, street, office bldg., etc.) Hour o. m. of work of work p. m. 21. I certify that I took charge of the remains described above, held on Autopsy Inspection Inquiry D and in my opinion death resulted from: Notural causes Suicide | Accident . Homicide Undetermined monner ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER NAME (Type) 22c. NAME OF CEMETERY OR GREMATORY 22d. LOCATION (City, loyin, FUNERAL DURECTOR'S 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE DEC 2 3 '60

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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1. PLACE OF DEATH	Frederick	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryl	ere deceased lived. If institution: and b. COUNTY	Residence before admission) Frederick
Thurm of	N (If outside corporate limits, we enearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	nt rural	AL and give nearest town)
d. NAME OF HO OR INSTITUTION	SPITAL (If not in hospital, give st DN	reet address)	d. STREET ADDRESS RD	2	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Calvin Da	avid Staub	Last	4. DATE Month OF DEATH Dec.	2 Day Year 60
s. sex male	hitte	MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH June 20, 1		UNDER 1 YEAR IF UNDER 24 HRS onths Days Hours Min.
Laborer	ATION (Give kind of work done warking life, even if retired)	106. KIND OF BUSINESS OR INDU Farmers	11. BIRTHPLACE (State Mary		12. CITIZEN OF WHAT COUNTRY
3. FATHER'S NAME Dav:	id Staub		14. MOTHER'S MAIDEN N		
	EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		NFORMANT 1bert Staub	Thurmont, M	d.
gave rise to cause (a), stati lying cause to	ing the <u>under-</u> DUE TO (c)	Heneralized ONS CONTRIBUTING TO DEATH BU	Cestlonios Cl	erosis NAL DISEASE CONDITION GIVEN	PERFORMED?
20a. ACCIDENT	WAS UNDERLYING [] 20b. ING [] CAUSE OF DEATH (IFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRI	ED. (Enter nature of injury in f	Part I ar Part II of item 18.)	YES NO D
20c. TIME OF IN Hour o. p.	m. 10 V		IACE OF INJURY (Home, farm actory, street, office bldg., etc.		(County) (State
	eased alive an Dec	tended the deceased fram, 2 - 19 6.0 and that Gray Gray	M.D. ATTENDING MI PHYS. 22d. ADDRESS		on the date stated abave 22b. DATE SIGNED
23a. BURIAL, CREMA BURIAL Special	ATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY C		23d. LOCATION (City, town, or conear Ladiest	
24. FONERAL DIRECT	TOR'S SIGNATURE	ADDRESS Thurmor			AR'S SIGNATURE

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Calvin David Stamb (ec. 2 of male white white we have a large stand one.) Calculate the common common the common of the common		enter.	Thurson	. 4 700 2		Lemm	September 1
Calvin David Stanh male white w Anne 20, 175 35 Abore Armers Stanh U.S.s. Eswid Stanh No Hers Albert Stanh Thurston, C.			100 8				
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fewic Stand Community Co. No. No. No. Stand Thurston, Co. No.		26	Tune 20, 1075		72		o.Ceru
No. Committee durage and Clare and Committee of the Commi	.4.2.0		hasigned	a year.			an wan
	no	dayes	аноповью			Strate	Divid
							No.
Je mon 1. Thurst one, 16.							

Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MARY LAND
b. COUNTY c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM FREDERICK Maryland. YES NOT Manth Day Year December 1960 IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years last bindray) Months 12. CITIZEN OF WHAT COUNTRY? U.S.A. 28.470.000.00 95. Stewart Mannor Frederick Md. ONSET AND DEATH 48 hours PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED? YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II af item 18.) 20f. (City or town) (County) (State) ... 1960 that I last saw the deceased and that death accurred at ON AM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED St. Frederick. 22d. LOCATION (City, town, occounty) (State) 24b. REGISTRAR'S SIGNATURE FREDERICK. HOME DATTEY'S FUNERAL DEC 21 '60 Curing S. Kruss

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	ERMOO		CERTI	FICA	IL OF DE	AII			Reg. D	ist. No	_13	001
1. PLACE OF DEATH o. COUNTY	ederick		MARY	LAND	2. USUAL RESIDEN o. STATE	CE (Who	ere decease	d lived. If institut b. COUNTY		nce befo		sion)
b. CITY OR TOWN (RURAL ond give n Rural		ts, write	c. LENGTH OF STAY		c. CITY OR TOW		otside corpo Rura]	prote limits, write I	RURAL ond	give ne	arest towr	n)
d. NAME OF HOSPI OR INSTITUTION Ljams vi	TAL (If not in haspital, g				d. STREET ADDR		e P.(0.				SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Fir Osai		Middle	Th	lost ompson		4. DATE OF DEATH	Decemb		Do	,	Year 19 6(
5. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRI		DATE OF BIRTH			9. AGE (In years last birthdoy)		RIYEAR	Hours	
Female	0000000	WIDOW	tion to		arch 21.	4000 111		73 yrs.				
during most of wor	ON (Give kind of work king life, even if retired	done 10b.										COUNTRY
Domesti 13. FATHER'S NAME	. C		********	11 11 11	Freder			. IVICL .		U.S.	.A.	
George	Young				Nannie			2.0				
15. WAS DECEASED EVE	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO	. IN	FORMANT	0 116	AWKII		rede	nicl	5-MA	
(Yes, no, or unknown)	(If yes, give war or dates of s	ervice)	215-26-21	20	Roland '	Thor	mngor	1-122 W	AZ		aint	
	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (d	, A	ne far (o), (b), and (c).] onco	y bed	2mg	172			ONS	SET AND	DEATH
Conditions, if c gave rise to couse (o), stoting lying couse lost.	immediate (, 1	stern sil	Ine	ic de	2	Dis	erse			20	y
PART II. OT	HER SIGNIFICANT CON		CONTRIBUTING TO DE	ATH BUT N	OT RELATED TO TH	E TERMII	NAL DISEAS	E CONDITION GI	VEN IN PA	RT 1(o) 1		DRMED?
OR CONTRIBUTING	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRED.	(Enter noture of inj	ury in P	ort I or Por	t II of item 1B.)				
20c. TIME OF INJUI Hour o. m. p. m.	RY Manth, Doy, Ye	While	NJURY OCCURRED Not while		CE OF INJURY (Homory, street, office blo			or town)		(County)		(State
ACTUAL SIGNATURE	hat I attended the Dec. 27 Coff L. L. MICHEI	121		death	.D		M, from	treet, city or town	nd an th , stote)	ne date	e stated DA1	
	ON, 226. DATE THEREC		22c. NAME OF CEM	ETERY OR	Shoppin		22d. LOCA	TION (City, town,	or county)	15.3	(Stot	te)
Burial	Jan. 4-	-6]	Ehernee	zer				Terick	GO.		105	
23. FUNERAL DIRECTOR		Fre	derick, M	6	-		BY REGIST	01	ISTRAR'S S		KE	
0.11.117	ole ale ale	7701	WILL TOWN	LCC .	DA	TE JA	M O	61	7 - 78 -	04		

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FOR STATE HEALTH DEPT.

necessary, please al dector. Page our files. TY MEXICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is not the coste, writing the ward "pending" in pencil in them, 18. Give Pages 1, 2, and 3 to the funeral defective and executed to the Chief Medical Examiner's Office along with form PM3—Rage 5 may be retained RAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Be esignated agent, prior to burial, cremation, ar removal, and in any event which ?? Abours after death.

TO DEPUTY A	4 shauld be TO FUNERAL	and the share
VS. A	15ME	
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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			Kej	g. Dist. No.
1. PLACE OF DEATH C. COUNTY Frederick	MARYLAND	o. STATE Mary	nere deceased lived. If institution: R land b. COUNTY F	rederick
b. CITY OR TOWN III outside corporate limits, write RUFAL cond give negrest fows. Thurmont R.F.D.I	I I/2 years	3	t R.H.D.I	L ond give neorest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in haspite	al, give street oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Mildred	Mae Mae	Toms	of DEATH December	Doy Yeor I9 19 60
5. SEX 6. COLOR OR RACE 7. MARRIED White WIDOWED [ec, I5, I92	lost hirthday)	ADER LYEAR IF UNDER 24 HRS. This Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIN during most of working life, even if retired)	D OF BUSINESS OR INDUSTR	r 11. BIRTHPLACE (Stote of Frederic		U.S.A.
Samuel Kinney	122	Belva Bau		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SO (If yes, give war or dates of service)		lber Toms,	Address Thurmont R.F.I).I
18. CAUSE OF DEATH [Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. (c) (c)		rnes		Minutes
PART II. OTHER SIGNIFICANT CONDITIONS CONT 200. EXTERNAL CAUSE WAS PRIMARY ET OF CONTRIBUTING CLOTH CAUSE OF DEATH. Cloth				PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO [A]
	low INJURY OCCURRED. (En		for Part II of item 18.)	
TO Hour ox In/TO/60 While	Not while of work A	E OF INJURY (Home, farm, ry, street, office bldg., etc.)	20f. (City or town) Thurmont R.D.	(County) Md. (State)
21. I certify that I took charge of the re- opinion death resulted from: Natural car			, Inspection , Incomicide , Undetermine	quiry 🔼, and in my
ACTUAL BOoker	nas		the state of the s	DATE SIGNED
EXAMINER'S B.O. Thomas, M.	D.	DEPUTY MEDICAL EX		er 20,1960
220. BURIAL CREMATION. 22b. DATE THEREOF REMOVAL (Specify) BURIAL 12/24/60	Bettel	REMATORY	22d. LOCATION (City, town, or county)	Sud.
23. FUNERAL DIRECTOR'S SIGNATURE /	Kerswille .		BY REGISTRAR 246. REGISTRAR	S SIGNATURE

TOTAL STREET OF THE STREET

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CERTIFICATE OF DEATH

1. PLACE OF DEATH			2. USUAL RESIDENCE (W					
	Frederick	c. LENGTH OF STAY IN 18	Mar	yranu	COUNTY	1100	erick	
RURAL ond give r Emmits		13 yrs.		tsburg	rur	-	nearest town	1)
	TAL (If not in haspital, give street	address)	a. STREET ADDRESS	T. A. T.				FARM?
3. NAME OF DECEASED (Type or print)	Kenneth R	obert Waga	man	4. DATE OF DEATH	Mon	1	1.	Yeor 19 6
s. sex male	6. COLOR OR RACE 7. MARI		May 30, 19	9. AGE	(In years birthdoy) yrs.	Months Day	-	Min.
100. USUAL OCCUPATION during most of wor	ON (Give kind of work done 10b. rking life, even if refired)	kind of Business or incalth Dept.	DUSTRY 11. BIRTHPLACE (SIGN	_			S.A.	OUNTRY
13. FATHER'S NAME Howard	Wagaman		14. MOTHER'S MAIDEN Ruth	Harbaugh	1			
IS. WAS DECEASED EV IYes, no. or unknown)	He was give were or dates of services	SOCIAL SECURITY NO. 17.	Carolyn B.	Wagaman	Add	mitsbu	irg R	D 1
Conditions, if gove rise to couse (o), stoting lying couse lost.	immediate DUE TO		rte C.V d			/FN IN PART I/o	alle was	AUTOPS
CATIC	Nuorder	ial ulee	V				PERFO	NO P
200. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF)	AS UNDERLYING TO COULD BE COME CONTROL OF DEATH COULD BE COUNTED BY COULD BE COUNTED BY COULD BE COULD BE COULD BE COUNTED BY COULD BE COULD BE COUNTED BY COULD	CKIRE HOW INJURY OCCUR	RED. (Enter noture of injury in	n Port I or Port II of it	em IB.)			
Y 20c. TIME OF INJU Hour a. m. p. m.	RY Month, Doy, Year 20d. I While of wor	Not while	PLACE OF INJURY (Home, for foctory, street, office bldg., e	rm, 20f. (City or tow	n)	(Coun	ty)	(Stot
saw the decea	ot (I) (this hospital) attended	1 11 1 1 1	deoth accurred and	M, from the co				above
220. SIGNATURE	Wit. Ch	rale	M.D. ATTENDING PHYS.	MED. STAI			221	b. DATE SIGNE
22c. PHYSICIAN'S NAME (Type)	W.R. Cadle		22d. ADDRESS Emm.	itsburg,	Mary	land		
230. BURIAL, CREMATION BURIAL Specify		23c. NAME OF CEMETERY Blue Ridge	or crematory Come tery	23d. LOCATION (C		or county) Maryla	and (Stot	le)
24. EUNERAL DIRECTOR	d & Erlas	ADDRESS Thurmon		C'D BY REGISTRAR		STRAR'S SIGNA		

TO FUNERAL EXECTOR: After this certificate has been signed by the attending physicion and campletely filled in be page 3 should be detached for use as the buriol-transit permit. Then please remove corbon papers. Pages 1 and the State Board of Health priar to buriol, cremation, ar remayol, and in any event, within 72 hours after death. TO HOSPITAL

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4

2 should be filed with funeral director,

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 13877 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

MARYLAND

c. LENGTH OF STAY IN 16

Life

Reg. Dist. No.

Frederick

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Maryland

Brunswick

b. COUNTY

	DEPT.
Health,	M

PLACE OF DEATH

Frederick

b. CITY OR TOWN (If outside corporate limits, write RURAL

Brunswick

a. COUNTY

necessary, please of I clor may be retained with the State Bo any delay is not to the funeral with the State **72** hours after death Page

ited within 24 hours ofter death. Hem, 18. Give Pages 1, 2, and along with form PM3. Page 5 r s Office writing the ward "pending" in to the Chief Medical Examiner" Page 3 should be used as a by cremation,

4 should be rewarded in FUNERAL DIRECTOR: 6 40 VS. A15ME

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d	. NAME OF HOSPITA	L OR INSTITUTION (f not in	hospital, give street add	ress)	d. STREET ADDRESS			- 1			ESIDENCE
	Maryla	and Avenu	.0			311 N.M	aple	Avenue				A FARM?
	NAME OF DECEASED	Fire	it	Middle		Loss	4. DATE OF	Month		Doy		lear
((Type or print)	John		Thomas		Watts	DEATH	12		16	1	960
5. S	EX	6. COLOR OR RACE	7. MAI	RRIED NEVER MARR	ED 8	. DATE OF BIRTH		9. AGE (In years lost birthday)	Months			ER 24 HRS
	Male	White	WIDON	WED DIVORCE		10-15-1880)	80 yrs.	Months	Days	Hours	Min.
10a	. USUAL OCCUPATIO	N (Give kind of work of life, even if retired)	dane 10	. KIND OF BUSINESS O	R INDUST	RY 11. BIRTHPLACE (Slote	or foreign o	country)	12. CI1	IZEN O	F WHAT	COUNTRY
	RETIREDO			B.&.O.R.R	.Co	Marylan	ıd		J	J.S.	.A.	
13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME					
		George	T.W	atts			Ms	ry E.Ke	ller	3		
15.		R IN U. S. ARMED FOI		16. SOCIAL SECURITY N	O. 17. If	NFORMANT		Address				
1,00	No	(ii yes, give wer or outer or			Mr	s.Minnie C	ooper	, Knoxvi	110,	Mar	yla	nd
	18. CAUSE OF DEAT	H [Enter only one cau	se per li	ne far (a), (b), and (c).]						INTER	VAL BETWEET AND DEA	IEN
	PART I. DEAT	H WAS CAUSED BY:		Cor	onar	y Occlusio	n			ONS	T AND DE	1111
	410	DUE TO										
	Conditions, if an											
П	gave rise to immed	iate cause										
	(a), stating the u	nderlying (c)								15		
CERTIFICATION	PART II, OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEA	ATH BUT N	NOT RELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PAI			AUTOPSY PRMED?
-	20g. EXTERNAL CAU PRIMARY gr CON CAUSE OF DEATH.		b. DESC	RIBE HOW INJURY OCC	URRED. (E	inler nature of injury in Par	rt I or Part II	of item 18.)				
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Yeo	W	hile Not while work of wark		CE OF INJURY (Home, forrory, street, office bldg., etc		or town)	(Co	ounly)		(Slote)
	21. I certify th	at I took charge	of th	e remains describ	ed abo	ve, held on Autops	у [], Т	nspection P.	Inqui	ry 阿	, on	d in my
	opinion death	resulted from: 1	Voturo	l couses . Acc	rident [7, Suicide □.	Homicide	☐. Undete	rmined	monne	r 🗆	
		-	1								· -	
	ACTUAL /-	5.17to		nas		M.D. CHIEF MEDICAL E	XAMINER [DATE S	SIGNED
	SIGNATURE					M.U. ASSISTANT MEDIC	AL EXAMINE	R				
	EXAMINER'S NAME (Type)	B.O. Thoma	s			DEPUTY MEDICAL	EXAMINER	8	12	2/16	/19	60
220	BURIAL CREMATIO	N. 226. DATE THEREC		22c. NAME OF CEM	ETERY OR	CREMATORY	22d. LOCA	TION (City, town,	or county)		(State	•)
1	REMOVAL (Specify)	13-20-1	060	Pagnari	homo		Danie					4
- Charles	FHISTRAL DIRECTOR		700	Boones	note	24a. REC	D BY WEGIST	RAR 1246. REG	TRAR'S SE	ENATU	pl	
1	5 his to	1701- Br	uns	wick, Mary	land	DATE	DEC 2	2 3 '80	ani	MT S.	Thank	6
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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TO HOSPITAL WITENDING PHYSICIAM: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained, by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the State Board of Health priar to burial, cremation, ar remaval, and in any event, within 72 hours after death.

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	s certificate has been signed by the attending physicion and campletely filled in by	use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 sh	a burial, cremation, ar remayal, and in any event, within 72 hours after death		
or attending physician.	s certificate has been signed by	use as the burial-transit permit.	a burial, cremation, ar remaval,	C	

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	20010	Item o Filmu2	17 12-27-60	et		
1. P	LACE OF DEATH		2. USUAL RESIDENCE (Wh	ere deceased lived. If institut		afore admission)
	Frederick	MARYLAND	Maryl	and	Frede	- 2 022
Ь	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside corporate limits, write	RURAL ond give	nearest town)
	Frederick	2 days	X Middlet	town	- B-2 100	
0	I. NAME OF HOSPITAL (If not in hospitol, give street or institution frederick Memorial	Hospital	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM2- YES NO
	IAME OF JECEASED Type or print) Mass First Or The print of the pri	Middle M •	Wise	4. DATE OF DEATH	onth /	Day Year 3 1960
S. S	6. COLOR OR RACE 7. MARR female White Widows	IED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Day	AR IF UNDER 24 HRS. Hours Min.
	USUAL OCCUPATION (Give kind of work done 10b.		STRY 11. BIRTHPLACE (Stote		1	OF WHAT COUNTRY?
	during most of working life, even if retired)	ower company		yland		S.
13. 1	FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME		
	Charles Wise		Amanda	Derr		
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. no, or unknown) (If yes, give wor or dates of service) 2.	1 1-0	rs. Anna Mc	Bride, Midd	dress lletown	, Md.
	18. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED 8Y:	ne for (o). (b), and (c).]			0	NTERVAL BETWEEN
	Conditions, if ony, which gove rise to immediate couse (o), stoting the under-lying couse lost.	geterio a	ardis va	s cular D	csiaso	
CATION	PART, II. OTHER SIGNIFICANT CONDITIONS C Lad fall result	ing in Colles	Fracture,	NAL DISEASE CONDITION G	IVEN IN PART 1(0	PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING 20b. DESCRIPE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						
20c. TIME OF INJURY Month, Ooy, Yeor 20d. INJURY OCCURRED Hour o. m. 1960 of work of work to work the control of work to the control of the c					(Count	ity) (Stote
	21. I certify that (1) (this haspital) attend	/		60, to 12/13		that (I) (we) last
	saw the deceased alive an 220. SIGNATURE	19 <u>60</u> , and that d		M, from the causes a	na an the do	22b/DATE SIGNED
	22c. PHYSICIAN'S NAME (Type) Dr. A. A. Peal	re	22d. ADDRESS	edonis h	d	
230.	BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) DUPIAL 12/16/1960	23c. NAME OF CEMETERY C	metery	23d. LOCATION (City, town,		(Stote)
24.	Gladhill Company, A	ADDRESS		D BY REGISTRAR 256. REG	Thun S. Kra	

HARONG TRANSPORT DERENT THE RESERVE OF THE PARTY OF THE 하는 이 그는 그리네요. 그리네는 그들은 가는 이번 회에는 너무 생각하게 된 게 되는 때 하는 사람들이 다 없었다.

1. PLACE OF DEATH o. COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Frederick				
b. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest tawn) Rural Middletown	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Harmony Grove				
d. NAME OF HOSPITAL (If not in hospital, give street or INSTITUTION VIEW Nursing Hom	address)	d. STREET ADDRESS Rural Frederick 6. IS RESIDENCE ON A FARM? YES NO				
3. NAME OF DECEASED (Type or print) Toe	Middle E. Wi	itter 4. DATE Month Doy Year OF DEATH December 21, 1960 19				
5. SEX 6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH Feb. 28, 1881 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. Min				
10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) Homemaker 13. FATHER'S NAME	None	II. BIRTHPLACE (State or foreign country) Frederick County, Maryland U.S.A. 14. MOTHER'S MAIDEN NAME Mary Ellen Ogle				
Marshall O. Ramsbury 1s. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. or unknown) (If yes. give wor or dates of service) NO 21		rs. Edgar Hawker R.F.D.# 4 Frederick, Md.				
18. CAUSE OF DEATH [Enter only one couse per li PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Canditions, if any, which gave rise to immediate couse (o), stoting the under-lying couse last. PART II. OTHER SIGNIFICANT CONDITIONS	Cerebral &	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTO PERFORMED 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (S						
Haur o. m. p. m. 19 While at work at work 21. I certify that (I) (this haspital) attended the deceased from						
22c. PHYSICIAN'S NAME (Type) Dr. James Thoms	MOO ond that	death 6curred atM, fram the causes and on the dote stated obave. ATTENDING				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24. FUNERAL DIRECTOR'S SIGNATURE	23c. NAME OF CEMETERY COME. Olivet Company of ADDRESS Frederick.					

TO HOSPITAL CA ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIMECTOR: After this certificate has been signed by the attending physician and completely filled in by funeral director page 3 should be detached far use as the buriol-transit permit. Then please remaye carbon pagers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, ar remayal, and in any event, within 22 thous after death. VR A15 (4) 1SM 9/S9

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